



**Report to the
Colorado General Assembly**

**Opioid and Other
Substance Use
Disorders Interim Study
Committee**

Prepared by

*The Colorado Legislative Council
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December 2017*

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Opioid and Other Substance Use Disorders Interim Study Committee

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December 2017

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December 2017

To Members of the Seventy-first General Assembly:

Submitted herewith is the final report of the Opioid and Other Substance Use Disorders Interim Study Committee. This committee was created pursuant to Interim Committee Request Letter 2017-02, as approved by the Legislative Council on April 28, 2017. The purpose of this committee is to study issues relating to opioid and substance use disorders in Colorado and examine potential solutions concerning prevention, intervention, harm reduction, and treatment of opioid and other substance use disorders.

At its meeting on November 15, 2017, the Legislative Council reviewed the report of this committee. A motion to forward this report and the bills therein for consideration in the 2018 session was approved.

Sincerely,

/s/ Senator Kevin J. Grantham
Chairman

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This report is also available on line at:

<http://leg.colorado.gov/committees/opioid-and-other-substance-use-disorders-interim-study-committee/2017-regular-session>

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Committee Charge

The Opioid and Other Substance Use Disorders Interim Study Committee was created pursuant to Interim Committee Request Letter 2017-02, as approved by the Legislative Council on April 28, 2017. The committee is charged with studying the following issues:

- the scope of the substance use disorder problem in Colorado and current prevention, intervention, harm reduction, treatment, and recovery resources available;
- actions taken by other states and countries to address substance use disorders, including evidence-based best practices;
- existing gaps in prevention, intervention, harm reduction, treatment, and recovery resources available to Coloradans; and
- possible legislative options to address the gaps and hurdles to accessing prevention, intervention, harm reduction, treatment, and recovery resources.

Committee Activities

The committee held six meetings during the 2017 interim. In addition, a stakeholder committee was formed to provide information and feedback to the committee concerning potential legislation.

Briefings and presentations were made by a variety of stakeholders and organizations, including:

- state agencies, including the Department of Public Health and Environment (CDPHE); the Department of Human Services (DHS); the Department of Health Care Policy and Financing (HCPF), the Department of Regulatory Agencies (DORA); the Department of Corrections (DOC); the Colorado Department of Public Safety (DPS); and the Judicial Branch;
- elected officials, including Lieutenant Governor Donna Lynne and U.S. Senator Michael Bennet;
- the U.S. Food and Drug Administration;
- the Colorado Consortium for Prescription Drug Abuse Prevention and the Substance Abuse Trend and Response Task Force;
- the Colorado Health Institute and the Pew Charitable Trusts;
- member organizations representing medical professionals, such as the Colorado Medical Society; the Academy of Family Physicians; the Colorado Dental Association; the Colorado Pharmacists Society; the American Physical Therapy Association; and Colorado Nurses Association;
- pharmacy benefit managers and retail pharmacies;
- behavioral health care providers;
- treatment providers;
- harm reduction providers;
- recovery groups;
- commercial health insurance and workers' compensation insurance providers;
- county sheriffs and the Colorado District Attorneys' Council; and
- members of the public.

Key topics addressed by the committee include:

- the scope of the opioid epidemic;
- prevention of opioid and substance misuse;
- clinical and prescribing practices by health care professionals;
- harm reduction and criminal penalties for opioid use;
- access to behavioral health care providers; and
- coverage and payment for substance use disorder treatment under private and public health plans.

The following sections discuss the committee's activities during the 2017 interim.

Opioid Misuse Prevention

Data gathering on opioid use. At the July 10 meeting, Dr. Robert Valuck from the Colorado Consortium for Prescription Drug Abuse Prevention defined terms related to opioid and substance use for the committee, and explained the various degrees of substance use disorders. Dr. Valuck provided statistics on the estimated number of people in the United States and Colorado with substance use disorders. Also at the July 10 meeting, Dr. Valuck, the Colorado Health Institute, and the CDPHE described the type of data that is being collected in Colorado on opioid use, including tracking the number of overdose deaths from various substances in Colorado. The representatives noted that younger populations are at greater risk of overdose death from opioids, although all age groups and demographics are at risk of opioid misuse. All three organizations noted the importance of tracking data on opioid misuse to understand how to prevent it. Jose Esquibel from the Office of the Attorney General and the Substance Abuse Trend and Response Task Force provided the committee with an overview of current efforts in the state to address the opioid epidemic.

Practitioner education efforts. At the August 1 meeting, representatives from the Colorado Medical Society and the Colorado Academy of Family Physicians explained how the process for treating patients' pain is evolving as physicians become more aware of the addictive nature of opioids. These representatives emphasized the importance of continuing medical education on topics such as the new guidelines for safe opioid prescribing and utilization of non-opioid alternatives to pain management. At the August 22 meeting, multiple representatives described the use of the screening, brief intervention, and referral to treatment (SBIRT) program as a tool for health care providers to identify and offer assistance to substance users.

Committee recommendations. As a result of discussion, the committee recommends Bill A, which continues the Opioid Study Committee beyond the current interim and provides funding for:

- development and implementation of continuing medical education for opioid medication prescribers;
- school-based health centers to offer services on education, intervention, and prevention of opioid and other substance use disorders;
- development and operation of screening, brief intervention, and referral to treatment programs; and
- development of an on-line patient education tool, and a full time employee, to train women of childbearing age on the risks of alcohol-exposed pregnancies.

Clinical Practices and Opioid Prescribing

Opioid prescribing and pain management. At the August 1 meeting, representatives from the Colorado Medical Society, the Colorado Academy of Family Physicians, and the Colorado Dental Association explained situations in which opioid medications are often prescribed for patient pain. Several organizations recommended limiting the amount of opioids that are initially prescribed as a way to reduce the chance of addiction. Also at this meeting, representatives from the Colorado Pharmacists Society and retail pharmacies explained their strategies for curbing opioid abuse, including encouraging electronic prescribing of opioids, preventing patients from obtaining multiple prescriptions, including warning labels on opioids, and educating the public about prescription drug take-back programs. At the August 22 meeting, HCPF staff described a recently enacted department rule that limits initial opioid prescriptions for certain Medicaid patients.

Many health care provider representatives noted that opioid medications are necessary for some medical procedures, cases of acute pain, and palliative care situations. At the August 1 and August 22 meetings, representatives from the Colorado Pain Society, Colorado Society of Anesthesiologists, the American Physical Therapy Association, and the Colorado Association of Nurse Anesthetists discussed different examples of acute and chronic pain, and explained the negative psychological and social effects of pain. Alternatives to opioids for pain management were discussed, including exercise and physical therapy, acupuncture, cannabis, and other non-opioid, non-pill medications. The presenters described the effectiveness of alternative treatments and the barriers to accessing these treatments for some patients.

Prescription Data Monitoring Program (PDMP). At the July 10 meeting, representative of DORA and CDPHE explained the role of the Prescription Data Monitoring Program (PDMP) to the committee and described recent technical updates and enhancements to the PDMP. The PDMP is an electronic database in which pharmacies upload prescription data for controlled medications, and is accessible to all prescribers to assist them in prescribing medication. At the August 1 meeting, representatives from the Colorado Medical Society, Colorado Academy of Family Physicians, and the Colorado Dental Association explained how providers use the PDMP, and advocated that all prescribers utilize the PDMP when appropriate. At the August 22 meeting, HCPF and commercial health insurance representatives noted that their organizations do not have access to the PDMP, and suggested that it may be a useful tool to identify clients that have a prescription opioid disorder.

Committee recommendations. As a result of discussion, the committee recommends Bill B, which limits the initial prescription of opioid medications by a health care provider to a seven-day supply, with a number of exceptions, and allows providers to electronically prescribe opioids. Bill B also makes querying the PDMP mandatory for most health care providers when prescribing a refill for an opioid.

Harm Reduction and Law Enforcement

Law enforcement. Representatives from county sheriffs, district attorneys, and correctional facilities testified at the August 22 meeting regarding their experiences with arrestees and inmates dealing with opioid use disorders. Sheriffs and corrections representatives discussed the challenges faced by inmates who detox in their facilities. County sheriffs also explained that providing treatment is very difficult because inmates are typically in county jails for a short period.

Representatives from the Colorado District Attorneys Council discussed the Law Enforcement Assisted Diversion (LEAD) Program, which is a pre-booking diversion program that aims to improve public health and end the cycle of recidivism. Instead of being charged and booked following an arrest, the arresting officer identifies the arrestee as a potential participant for the diversion program and subsequently connects them with a case manager. This case manager then connects the individual with resources such as housing, substance use treatment services, or enrollment in vocational training courses. The Office of Behavioral Health is implementing four LEAD pilot programs in Colorado.

Harm reduction. Representatives from the Harm Reduction Action Center, the Office of the Attorney General, Colorado Pharmacists Society, the Colorado Nurses Association, and the Office of Behavioral Health in the DHS testified on July 10, August 1, August 22, September 12, and October 23 about their experiences with harm reduction when dealing with persons suffering from opioid use disorders, and in particular with persons who inject drugs. They explained that, for persons suffering from an opioid use disorder who are not in treatment or recovery, harm reduction efforts can reduce negative outcomes such as overdose deaths and the spread of communicable diseases. Representatives from these organizations also emphasized the importance of increasing the availability of overdose reversal drugs such as naloxone, Good Samaritan laws for reporting overdoses, and harm reduction efforts like needle exchange programs, decriminalization of syringe possession, and supervised injection facilities for persons who inject drugs.

Committee recommendations. As a result of its discussions, the committee recommends Bill C, which authorizes the creation of a pilot program for a single supervised injection facility, where intravenous drug users can inject in a safe and sanitary environment supervised by medical staff, in the City and County of Denver. The bill allows hospitals to operate clean syringe exchange programs, and allows schools to obtain opiate antagonists for administering to a person experiencing an overdose. It also requires the Colorado Commission on Criminal and Juvenile Justice to study criminal penalties relating to opioids and synthetic opioids and to include its findings and recommendations in its annual report.

Access to Behavioral Health Care Providers

Behavioral health workforce issues. At the August 1 meeting, presentations by addiction treatment providers focused on addiction treatment and the challenges faced by individuals seeking treatment. The treatment provider groups pointed to workforce shortages and limited treatment locations as significant barriers to accessing treatment for many individuals suffering from addiction. Other challenges to accessing treatment include:

- gaps in insurance coverage for treatment and out-of-pocket costs;
- lack of health system support;
- co-occurring behavioral and medical health conditions;
- episodic treatment models;
- stigma associated with addiction and accessing treatment; and
- individual readiness.

The committee discussed the various therapies and programs used in treating opioid misuse, such as inpatient treatment, outpatient treatment, and medication-assisted treatment (MAT), which includes the use of methadone, buprenorphine, naltrexone, and other similar medications.

A representative of the Colorado Behavioral Health Care Council discussed the findings reported in the Keystone Policy Center's recent publication, *Bridging the Divide: Addressing Colorado's Substance Use Disorder Needs*. The report identified that all areas of the state could benefit from an increase in prevention, intervention, treatment, and recovery services. The report specifically identified the need in many areas of the state to address shortages in the workforce, residential treatment options, detoxification services, education and de-stigmatization, and supportive services. The report suggested that any funding provided for these services should be flexible at the regional and community levels. Solutions to expanding access to these services presented by the speakers focused on developing a care system that supports a continuum of care and provides access to MAT.

Committee recommendations. As a result of these presentations and committee discussions, the committee recommends Bill D, which adds behavioral health care providers and candidates for licensure to the list of health care providers eligible for loan repayment under the Colorado Health Service Corps Program. The bill also creates a scholarship program to cover the costs of obtaining certification as an addiction counselor for individuals who agree to serve in a state or federally designated health professional shortage area for at least six consecutive months. The bill annually appropriate \$2.5 million from the Marijuana Tax Cash Fund for loan repayment for behavioral health care providers and candidates for licensure, and for scholarships for addiction counselors.

Coverage and Payment for Substance Use Disorder Treatment

Access to substance use treatment. At its meeting on August 1, the committee heard from several substance use treatment providers and representatives of the Colorado Behavioral Health Care Council. These presenters described the types of services available to persons with a substance use disorder and how funding is provided for services. At several meetings throughout the interim, the committee received testimony from members of the public and persons in recovery from opioid and substance use disorders about the difficulty of getting into a treatment program when they are ready to begin treatment to stop their substance use.

Coverage under public programs and private insurance. At its August 22 meeting, the committee received testimony from representatives from HCPF concerning treatment services provided under Medicaid, which include MAT, social detoxification services, targeted case management, and individual, group, and family counseling. In addition, these presenters discussed an upcoming report from HCPF to the General Assembly pursuant to House Bill 17-1351 on the feasibility of providing residential and inpatient substance use disorder treatment as a part of the Medicaid program. At the same meeting, a representative of Anthem discussed services covered under commercial health insurance.

Committee recommendations. As a result of its discussions, the committee recommends Bill E concerning inpatient and residential substance use disorder treatment under Medicaid and Bill F concerning payment and coverage for substance use disorder treatment under Medicaid and private health insurance. Bill E expands access to inpatient and residential substance use treatment under Medicaid, and Bill F places various requirements on Medicaid and commercial insurance companies on how opioid prescriptions are covered and how certain substance use treatments are paid for.

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Summary of Recommendations

As a result of the committee's activities, the committee recommended six bills to the Legislative Council for consideration in the 2018 session. At its meeting on November 15, 2017, the Legislative Council approved six recommended bills for introduction. The approved bills are described below.

Bill A — Prevention of Opioid Misuse

Bill A implements several policies related to the prevention of opioid and substance misuse, including:

- establishing the Opioid and Other Substance Use Disorders Study Committee as an ongoing year-round study committee through July 1, 2020, and authorizing the committee to meet up to six times per year and to refer up to six bills per year;
- directing the Center for Research into Substance Use Disorder Prevention, Treatment, and Recovery Support Strategies to develop and implement continuing medical education activities to help prescribers of pain medication to safely and effectively manage patients with pain and prescribe opioids when appropriate, and directing the General Assembly to appropriate \$750,000 from the Marijuana Cash Fund to the center for this purpose;
- clarifying that behavioral health services offered by school-based health centers funded by grants from the CDPHE may include education, intervention, and prevention services for opioid, alcohol, and other substance use disorders, and directing the General Assembly to appropriate \$750,000 from the Marijuana Cash Fund to the CDPHE to fund grants to school-based health centers for this purpose;
- directing the HCPF to award grants totaling \$500,000 to one or more organizations to operate a screening, brief intervention, and referral to treatment (SBIRT) program that meets certain requirements starting on July 1, 2018; and
- directing HCPF to develop an online interactive patient education module for women of childbearing age, and to employ a full-time employee to provide in-person training to inform women about the risks of alcohol-exposed pregnancies, and directing the General Assembly to appropriate \$150,000 from the Marijuana Cash Fund for this purpose.

Bill B — Clinical Practices for Safe Opioid Prescribing

Bill B limits the number of opioid pills that a health care provider may initially prescribe to a patient to a seven-day supply. At the discretion of the provider, the prescription may include one refill for an additional seven-day supply. The bill includes a number of exceptions to the limitation and allows for a health care provider to electronically prescribe opioids.

With certain exceptions, the bill also requires health care providers or their designees, to query the PDMP prior to prescribing the first refill prescription for an opioid. When querying the PDMP for the first time, each health care provider or designee is required to identify his or her area of health care specialty or practice. The provisions in the bill are repealed September 1, 2021.

Bill C — Harm Reduction and Criminal Penalties

Bill C authorizes a single supervised injection facility to be operated as a pilot program in the City and County of Denver. A supervised injection facility is a location where intravenous drug users can inject previously acquired drugs in a safe and sanitary environment supervised by medical staff. The Denver Public Health Agency must seek approval from the Denver Board of Health to operate the pilot facility. The bill outlines a stakeholder process for the Denver Board of Health to follow when evaluating the approval of the pilot facility. The bill exempts employees, volunteers, and participants at a supervised injection facility from drug paraphernalia laws and provides immunity from civil liability and criminal penalty resulting from their participation in an approved supervised injection facility. The Denver Public Health Agency, or the contracted nonprofit operating the pilot facility, must report to the health committees of the General Assembly by October 1, 2021.

In addition, the bill allows clean syringe exchange programs to be operated in hospitals. It also allows schools and school districts to enact policies under which a school may obtain opiate antagonists for administering to persons overdosing on an opiate. A trained employee or agent of a school may administer the opiate antagonist in accordance with the school or school district policy. Lastly, the bill requires the Colorado Commission on Criminal and Juvenile Justice to study criminal penalties relating to opioids and synthetic opioids and to include its findings and recommendations in its annual report.

Bill D — Access to Behavioral Health Care Providers

Bill D adds behavioral health care providers and candidates for licensure to the list of health care providers eligible for loan repayment under the Colorado Health Service Corps Program (CHSC). Candidates for licensure must serve at least two years in a health professional shortage area after obtaining a license, plus the time spent obtaining supervised experience hours. In addition, the Primary Care Office in the CDPHE must create and administer state-designated health professional shortage areas for the CHSC, and the bill removes the previous requirement that CHSC loan repayment recipients serve in a federally designated health professional shortage area.

Beginning in FY 2018-19, the bill creates a scholarship program to cover the costs of obtaining certification as an addiction counselor for individuals who agree to serve in a state or federally designated health professional shortage area for at least six consecutive months. Scholarships may cover up to the full costs of educational materials and direct expenses and must be paid to the academic institution or state-approved trainer. The 13-member CHSC Advisory Council must review applications and make recommendations to the Primary Care Office.

Beginning in FY 2018-19, the General Assembly must annually appropriate \$2.5 million from the Marijuana Tax Cash Fund for loan repayment for behavioral health care providers and candidates for licensure, and for scholarships for addiction counselors. In addition, the bill adds two members to the CHSC Advisory Council: a representative of a substance use disorder service provider and a licensed or certified addiction counselor. When considering applications from behavioral health care providers for loan repayment through the CHSC and the newly created scholarship program, the CHSC Advisory Council must give priority to applicants who are practicing with a nonprofit or public employer.

Bill E — Inpatient and Residential Substance Use Treatment

Bill E adds inpatient and residential substance use disorder treatment as a benefit under the Colorado Medicaid Program, conditional upon federal approval. HCPF must seek necessary federal approval by October 1, 2018. The benefit is limited to persons meeting nationally recognized, evidence-based level of care criteria for residential and inpatient substance use disorder treatment. If the benefit is approved by the federal government, the bill also requires that moneys from the Marijuana Tax Cash Fund provided to managed service organizations be reprioritized to assist in providing substance use disorder treatment, including inpatient and residential treatment, to persons who are not otherwise covered by public or private health insurance.

Bill F — Payment and Coverage for Substance Use Disorder Treatment

Bill F makes several changes to substance use treatment under health insurance plans and the state Medicaid program, as described below. For both individual and group health plans and Medicaid, the bill:

- prohibits a requirement that patient undergo step therapy that mandates the use of an opioid medication prior to providing coverage for a non-opioid prescription drug recommended by a patient's health care provider;
- requires that an enhanced dispensing fee be provided to pharmacists administering injections for MAT if the pharmacist is working under a collaborative practice agreement with one or more physicians.

For individual and group health plans, the bill also:

- requires that health plans provide coverage for a five-day supply of buprenorphine, without prior authorization, for the first request received in a 12-month period;
- specifies that dollar limits, deductibles, copayments, or coinsurance for physical therapy, acupuncture, or chiropractic care, if covered by the health plan, cannot be higher than those for primary care services for covered persons who are diagnosed with chronic pain and who have or have had a substance use disorder diagnosis;
- requires that health plans include language when contracting with providers that states that the carrier will not take adverse action against a provider or withhold financial incentives based solely on the results of patient satisfaction surveys relating to the patient's satisfaction with pain treatment; and
- requires that requests for MAT for substance use disorders be treated as an urgent prior authorization request that the insurer must approve or deny in a more expedited manner than non-urgent prior authorization requests.

For the Colorado Medicaid program, the bill requires that coverage be provided for an FDA-approved, ready-to-use intranasal form of naloxone hydrochloride without prior authorization. In addition, the bill requires the Medicaid program and the Office of Behavioral Health in the DHS to establish rules to standardize utilization management authority timelines for the non-pharmaceutical components of MAT for substance use disorders.

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Resource Materials

Meeting summaries are prepared for each meeting of the committee and contain all handouts provided to the committee. The summaries of meetings and attachments are available at the Division of Archives, 1313 Sherman Street, Denver (303-866-2055). The listing below contains the dates of committee meetings and the topics discussed at those meetings. Meeting summaries are also available on our website at:

<https://leg.colorado.gov/content/committees>

Meeting Date and Topics Discussed

July 10, 2017

- ◆ Origins and scope of the problem: United States
- ◆ Scope of problem: Colorado
- ◆ The Colorado response: coalitions and task forces
- ◆ State agency perspectives

August 1, 2017

- ◆ Providers' perspectives on opioid medications
- ◆ Role of pharmacists in dispensing opioid medications
- ◆ Chronic pain and pain management
- ◆ Current options for addiction treatment

August 22, 2017

- ◆ Perspectives on opioid issues from other health professionals
- ◆ Opioid issues in correctional facilities
- ◆ Medicaid coverage for opioid medications and substance use disorder treatment
- ◆ Insurance coverage for opioid medications and substance use disorder treatment
- ◆ Federal Perspectives and Initiatives
- ◆ Impact of opioid crisis on law enforcement
- ◆ Screening, brief intervention, and referral to treatment

September 12, 2017

- ◆ DHS opiate policy analysis and needs assessment
- ◆ Colorado Hospital Association initiatives
- ◆ Problem-solving courts
- ◆ Pharmacy benefit managers
- ◆ Evidence-based practices and cost/benefit analysis

- ◆ Use of opioid medications in other care settings
- ◆ Veterans treatment programs
- ◆ Law enforcement and drug interdiction
- ◆ Bill draft requests

October 23, 2017

- ◆ Persons in recovery from opioid use disorders
- ◆ Discussion of draft legislation

October 31, 2017

- ◆ Discussion and approval of draft legislation

**Second Regular Session
Seventy-first General Assembly
STATE OF COLORADO**

BILL A

LLS NO. 18-0255.01 Kristen Forrestal x4217

HOUSE BILL

HOUSE SPONSORSHIP

Navarro and Pettersen, Buck, Kennedy, Singer

SENATE SPONSORSHIP

Priola and Jahn, Aguilar, Lambert, Tate

House Committees

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING MEASURES TO PREVENT OPIOID MISUSE IN COLORADO.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov/>.)

Opioid and Other Substance Use Disorders Interim Study Committee. Section 1 of the bill establishes in statute the opioid and other substance use disorders study committee, consisting of 5 senators and 5 representatives from the general assembly, to:

- Study data and statistics on the scope of the substance use disorder problem in Colorado;
- Study current prevention, intervention, harm reduction,

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.

DRAFT *Dashes through the words indicate deletions from existing statute.*

13

treatment, and recovery resources available to Coloradans, as well as public and private insurance coverage and other sources of support for treatment and recovery resources;

- Review the availability of medication-assisted treatment and the ability of pharmacists to prescribe those medications;
- Examine measures that other states and countries use to address substance use disorders;
- Identify the gaps in prevention, intervention, harm reduction, treatment, and recovery resources available to Coloradans and hurdles to accessing those resources; and
- Identify possible legislative options to address gaps and hurdles to accessing prevention, intervention, harm reduction, treatment, and recovery resources.

The committee is authorized to meet 6 times in a calendar year and may report up to 6 legislative measures to the legislative council, which bills are exempt from bill limitations and introduction deadlines. The committee is repealed on July 1, 2020.

Section 2 specifies school-based health care centers may apply for grants from the school-based health center grant program to expand behavioral health services to include treatment for opioid and other substance use disorders.

Section 3 directs the department of health care policy and financing, starting July 1, 2018, to award grants to organizations to operate a substance abuse screening, brief intervention, and referral program.

Section 4 directs the center for research into substance use disorder prevention, treatment, and recovery to develop and implement continuing medical education activities to help prescribers of pain medication to safely and effectively manage patients with chronic pain, and when appropriate, prescribe opioids. Sections 2 through 4 also direct the general assembly to appropriate money to implement those sections.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** In Colorado Revised Statutes, **add** article 22.3 to
3 title 10 as follows:

4 **ARTICLE 22.3**

5 **Opioid and Other Substance Use Disorders Study Committee**

6 **10-22.3-101. Opioid and other substance use disorders study**
7 **committee - creation - members - purposes.** (1) (a) NOTWITHSTANDING

1 SECTION 2-3-303.3, THERE IS HEREBY CREATED THE OPIOID AND OTHER
2 SUBSTANCE USE DISORDERS STUDY COMMITTEE. THE COMMITTEE
3 CONSISTS OF TEN MEMBERS OF THE GENERAL ASSEMBLY APPOINTED ON OR
4 BEFORE JUNE 1, 2018, AS FOLLOWS:

5 (I) FIVE MEMBERS OF THE SENATE, WITH THREE MEMBERS
6 APPOINTED BY THE PRESIDENT OF THE SENATE AND TWO MEMBERS
7 APPOINTED BY THE MINORITY LEADER OF THE SENATE; AND

8 (II) FIVE MEMBERS OF THE HOUSE OF REPRESENTATIVES, WITH
9 THREE MEMBERS APPOINTED BY THE SPEAKER OF THE HOUSE OF
10 REPRESENTATIVES AND TWO MEMBERS APPOINTED BY THE MINORITY
11 LEADER OF THE HOUSE OF REPRESENTATIVES.

12 (b) THE SPEAKER OF THE HOUSE OF REPRESENTATIVES SHALL
13 APPOINT THE CHAIR OF THE COMMITTEE IN EVEN-NUMBERED YEARS AND
14 THE VICE-CHAIR IN ODD-NUMBERED YEARS, AND THE PRESIDENT OF THE
15 SENATE SHALL APPOINT THE CHAIR OF THE COMMITTEE IN ODD-NUMBERED
16 YEARS AND THE VICE-CHAIR IN EVEN-NUMBERED YEARS.

17 (2) THE COMMITTEE SHALL:

18 (a) STUDY DATA AND STATISTICS ON THE SCOPE OF THE
19 SUBSTANCE USE DISORDER PROBLEM IN COLORADO, INCLUDING TRENDS IN
20 RATES OF SUBSTANCE ABUSE, TREATMENT ADMISSIONS, AND DEATHS FROM
21 SUBSTANCE USE;

22 (b) STUDY THE CURRENT PREVENTION, INTERVENTION, HARM
23 REDUCTION, TREATMENT, AND RECOVERY RESOURCES, INCLUDING
24 SUBSTANCE ABUSE PREVENTION OUTREACH AND EDUCATION, AVAILABLE
25 TO COLORADANS, AS WELL AS PUBLIC AND PRIVATE INSURANCE COVERAGE
26 AND OTHER SOURCES OF SUPPORT FOR TREATMENT AND RECOVERY
27 RESOURCES;

28 (c) REVIEW THE AVAILABILITY OF MEDICATION-ASSISTED

1 TREATMENT AND WHETHER PHARMACISTS CAN PRESCRIBE THOSE
2 MEDICATIONS THROUGH THE DEVELOPMENT OF COLLABORATIVE
3 PHARMACY PRACTICE AGREEMENTS WITH PHYSICIANS;

4 (d) EXAMINE THE MEASURES THAT OTHER STATES AND COUNTRIES
5 USE TO ADDRESS SUBSTANCE USE DISORDERS, INCLUDING
6 EVIDENCE-BASED BEST PRACTICES AND THE USE OF EVIDENCE IN
7 DETERMINING STRATEGIES TO TREAT SUBSTANCE USE DISORDERS, AND
8 BEST PRACTICES ON THE USE OF PRESCRIPTION DRUG MONITORING
9 PROGRAMS;

10 (e) IDENTIFY THE GAPS IN PREVENTION, INTERVENTION, HARM
11 REDUCTION, TREATMENT, AND RECOVERY RESOURCES AVAILABLE TO
12 COLORADANS AND HURDLES TO ACCESSING THOSE RESOURCES; AND

13 (f) IDENTIFY POSSIBLE LEGISLATIVE OPTIONS TO ADDRESS GAPS
14 AND HURDLES TO ACCESSING PREVENTION, INTERVENTION, HARM
15 REDUCTION, TREATMENT, AND RECOVERY RESOURCES.

16 (3) (a) THE COMMITTEE SHALL MEET AS NECESSARY UP TO SIX
17 TIMES PER CALENDAR YEAR DURING ANY LEGISLATIVE SESSION OR ANY
18 INTERIM BETWEEN LEGISLATIVE SESSIONS. THE COMMITTEE MAY
19 INTRODUCE UP TO A TOTAL OF SIX BILLS IN EACH OF THE 2019 AND 2020
20 LEGISLATIVE SESSIONS. BILLS THAT THE COMMITTEE INTRODUCES ARE
21 EXEMPT FROM THE FIVE-BILL LIMITATION SPECIFIED IN RULE 24 (b)(1)(A)
22 OF THE JOINT RULES OF THE SENATE AND THE HOUSE OF REPRESENTATIVES.

23 (b) NO LATER THAN NOVEMBER 1, 2018, AND NO LATER THAN
24 EACH NOVEMBER 1 THEREAFTER, THE COMMITTEE SHALL MAKE A REPORT
25 TO THE LEGISLATIVE COUNCIL CREATED IN SECTION 2-3-301 THAT MAY
26 INCLUDE RECOMMENDATIONS FOR LEGISLATION.

27 (4) (a) MEMBERS OF THE COMMITTEE ARE ENTITLED TO RECEIVE
28 THE USUAL PER DIEM AND NECESSARY TRAVEL AND SUBSISTENCE

1 EXPENSES AS PROVIDED PURSUANT TO SECTION 2-2-307 FOR MEMBERS OF
2 THE GENERAL ASSEMBLY WHO ATTEND INTERIM COMMITTEE MEETINGS.

3 (b) THE DIRECTOR OF RESEARCH OF THE LEGISLATIVE COUNCIL
4 AND THE DIRECTOR OF THE OFFICE OF LEGISLATIVE LEGAL SERVICES SHALL
5 PROVIDE STAFF ASSISTANCE TO THE COMMITTEE.

6 **10-22.3-102. Repeal of article.** THIS ARTICLE 22.3 IS REPEALED,
7 EFFECTIVE JULY 1, 2020.

8 **SECTION 2.** In Colorado Revised Statutes, 25-20.5-503, **amend**
9 (2) as follows:

10 **25-20.5-503. School-based health center grant program -**
11 **creation - funding - grants - repeal.** (2) (a) Operators of school-based
12 health centers may apply for grants for the benefit of school-based health
13 centers. The grant program shall provide grants for school-based health
14 centers selected by the division. The division, in consultation with
15 school-based health centers, shall develop criteria under which the grants
16 are distributed and evaluated. In developing the criteria for grants, the
17 division shall give priority to centers that serve a disproportionate number
18 of uninsured children or a low-income population or both and may award
19 grants to establish new school-based health centers; to expand primary
20 health services, behavioral health services, INCLUDING EDUCATION,
21 INTERVENTION, AND PREVENTION SERVICES FOR OPIOID, ALCOHOL, AND
22 MARIJUANA, AND OTHER SUBSTANCE USE DISORDERS, or oral health
23 services offered by existing school-based health centers; to expand
24 enrollment in the children's basic health plan; or to provide support for
25 ongoing operations of school-based health centers. None of the grants
26 shall be awarded to provide abortion services in violation of section 50
27 of article V of the state constitution.

28 (b) (I) ON OR BEFORE JULY 1, 2018, THE GENERAL ASSEMBLY

1 SHALL APPROPRIATE SEVEN HUNDRED SEVENTY-FIVE THOUSAND DOLLARS
2 TO THE DEPARTMENT FROM THE MARIJUANA CASH FUND CREATED IN
3 SECTION 12-43.3-501 FOR THE PURPOSES OF EXPANDING BEHAVIORAL
4 HEALTH THERAPY, INTERVENTION, AND PREVENTION SERVICES FOR OPIOID,
5 ALCOHOL, AND MARIJUANA, AND OTHER SUBSTANCE USE DISORDERS
6 PURSUANT TO THIS SUBSECTION (2).

7 (II) THIS SUBSECTION (2)(b) IS REPEALED EFFECTIVE SEPTEMBER
8 1, 2019.

9 **SECTION 3.** In Colorado Revised Statutes, **amend** 25.5-5-208
10 as follows:

11 **25.5-5-208. Additional services - training - grants - screening,**
12 **brief intervention, and referral - repeal.** (1) On or before June 30,
13 2016, the state department shall grant, through a competitive grant
14 program, up to five hundred thousand dollars to one or more
15 organizations to provide evidence-based training and outreach to health
16 professionals statewide related to screening, brief intervention, and
17 referral to treatment for individuals at risk of substance abuse for whom
18 Colorado provides optional services in accordance with section
19 25.5-5-202 (1)(u). For any fiscal year beginning on or after July 1, 2016,
20 UNTIL THE FISCAL YEAR ENDING JUNE 30, 2018, the state department shall
21 award additional grants for this training and outreach, subject to available
22 appropriations. Any moneys appropriated for grants pursuant to this
23 section are not subject to federal financial participation.

24 (2) (a) ON OR AFTER JULY 1, 2018, THE STATE DEPARTMENT SHALL
25 GRANT, THROUGH A COMPETITIVE GRANT PROGRAM, FIVE HUNDRED
26 THOUSAND DOLLARS TO ONE OR MORE ORGANIZATIONS TO OPERATE A
27 SUBSTANCE ABUSE SCREENING, BRIEF INTERVENTION, AND REFERRAL
28 SCREENING PRACTICE. THE GRANT PROGRAM MUST REQUIRE:

1 (I) TRAINING FOR HEALTH CARE PROFESSIONALS STATEWIDE THAT
2 IS EVIDENCE-BASED AND THAT MAY BE ATTENDED EITHER IN PERSON OR
3 ONLINE;

4 (II) CONSULTATION AND TECHNICAL ASSISTANCE FOR HEALTH
5 CARE PROVIDERS, HEALTH CARE ORGANIZATIONS, AND STAKEHOLDERS;

6 (III) OUTREACH, COMMUNICATION, AND EDUCATION TO PROVIDERS
7 AND PATIENTS;

8 (IV) COORDINATION WITH PRIMARY CARE, MENTAL HEALTH CARE,
9 INTEGRATED HEALTH CARE, AND SUBSTANCE USE PREVENTION,
10 TREATMENT, AND RECOVERY EFFORTS; AND

11 (V) CAMPAIGNING TO INCREASE PUBLIC AWARENESS OF THE RISKS
12 RELATED TO ALCOHOL, MARIJUANA, TOBACCO, AND DRUG USE AND TO
13 REDUCE ANY STIGMA ASSOCIATED WITH TREATMENT.

14 (b) (I) ON OR AFTER JULY 1, 2018, THE STATE DEPARTMENT SHALL
15 DESIGN AND DEVELOP AN ONLINE INTERACTIVE PATIENT EDUCATION
16 MODULE FOR WOMEN OF CHILDBEARING AGE TO LEARN ABOUT THE RISKS
17 OF ALCOHOL-EXPOSED PREGNANCIES, TO BE DEPLOYED FOR PUBLIC USE IN
18 THE STATE. THE EDUCATION MODULE MUST INCLUDE TRAINING FOR
19 REIMBURSEMENT AND BILLING CODES IN THE "COLORADO MEDICAL
20 ASSISTANCE ACT", ARTICLES 4 TO 6 OF THIS TITLE 25.5.

21 (II) THE STATE DEPARTMENT SHALL ALSO PROVIDE ONE FULL-TIME
22 EMPLOYEE TO PROVIDE IN-PERSON TRAINING IN CLINICS THAT PROVIDE
23 CARE TO WOMEN OF CHILDBEARING AGE CONCERNING ALCOHOL-EXPOSED
24 PREGNANCIES.

25 (III) (A) ON OR BEFORE JULY 1, 2018, THE GENERAL ASSEMBLY
26 SHALL APPROPRIATE ONE HUNDRED FIFTY THOUSAND DOLLARS TO THE
27 STATE DEPARTMENT FROM THE MARIJUANA CASH FUND CREATED IN
28 SECTION 12-43.3-501 FOR THE PURPOSES OF THIS SUBSECTION (2)(b).

1 (B) THIS SUBSECTION (2)(b)(III) IS REPEALED, EFFECTIVE
2 SEPTEMBER 1, 2019.

3 **SECTION 4.** In Colorado Revised Statutes, 27-80-118, **add** (4)
4 as follows:

5 **27-80-118. Center for research into substance use disorder**
6 **prevention, treatment, and recovery support strategies - legislative**
7 **declaration - established - repeal.** (4) (a) THE CENTER SHALL DEVELOP
8 AND IMPLEMENT A SERIES OF CONTINUING EDUCATION ACTIVITIES
9 DESIGNED TO HELP A PRESCRIBER OF PAIN MEDICATION TO SAFELY AND
10 EFFECTIVELY MANAGE PATIENTS WITH PAIN AND, WHEN APPROPRIATE,
11 PRESCRIBE OPIOIDS OR MEDICATION ASSISTED TREATMENT. THE
12 EDUCATIONAL ACTIVITIES MUST APPLY TO PHYSICIANS, PHYSICIAN
13 ASSISTANTS, NURSES, AND DENTISTS.

14 (b) THE CENTER SHALL ALSO DEVELOP EDUCATION AND TRAINING
15 FOR LAW ENFORCEMENT OFFICERS AND FIRST RESPONDERS CONCERNING
16 THE USE OF OPIOID ANTAGONISTS FOR OPIOID OVERDOSE AND
17 COMMUNITY-BASED TRAINING FOR PERSONS AT RISK OF OPIOID OVERDOSE.

18 (c) (I) ON OR BEFORE JULY 1, 2018, THE GENERAL ASSEMBLY
19 SHALL APPROPRIATE SEVEN HUNDRED FIFTY THOUSAND DOLLARS TO THE
20 CENTER FROM THE MARIJUANA CASH FUND CREATED IN SECTION
21 12-43.3-501 FOR THE PURPOSES OF THIS SUBSECTION (4).

22 (II) THIS SUBSECTION (4)(c) IS REPEALED, EFFECTIVE SEPTEMBER
23 1, 2019.

24 **SECTION 5. Safety clause.** The general assembly hereby finds,
25 determines, and declares that this act is necessary for the immediate
26 preservation of the public peace, health, and safety.

Second Regular Session
Seventy-first General Assembly
STATE OF COLORADO

BILL B

LLS NO. 18-0256.01 Kristen Forrestal x4217

SENATE BILL

SENATE SPONSORSHIP

Tate and Aguilar, Lambert

HOUSE SPONSORSHIP

Pettersen and Kennedy, Navarro, Singer

Senate Committees

House Committees

A BILL FOR AN ACT

101 **CONCERNING CLINICAL PRACTICE MEASURES FOR SAFER OPIOID**
102 **PRESCRIBING.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov/>.)

Opioid and Other Substance Use Disorders Interim Study Committee. The bill restricts the number of opioid pills that a health care practitioner, including physicians, physician assistants, advanced practice nurses, dentists, optometrists, podiatrists, and veterinarians, may prescribe for an initial prescription to a 7-day supply and one refill for a 7-day supply, with certain exceptions. The bill clarifies that a health care

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.

DRAFT *Dashes through the words indicate deletions from existing statute.*

21

practitioner may electronically prescribe opioids.

Current law allows health care practitioners and other individuals to query the prescription drug monitoring program (program). The bill requires health care practitioners to query the program before prescribing the first refill prescription for an opioid except under specified circumstances, and requires the practitioner to indicate his or her specialty or practice area upon the initial query.

The bill requires the department of public health and environment to report to the general assembly its results from studies regarding the prescription drug monitoring program integration methods and health care provider report cards.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** In Colorado Revised Statutes, 12-32-107.5, **add** (3)
3 as follows:

4 **12-32-107.5. Prescriptions - requirement to advise patients -**
5 **limits on opioid prescriptions - repeal.** (3) (a) A PODIATRIST
6 PRESCRIBING AN INITIAL PRESCRIPTION FOR AN OPIOID SHALL NOT
7 PRESCRIBE MORE THAN A SEVEN-DAY SUPPLY OF THE INITIAL
8 PRESCRIPTION TO A PATIENT WHO HAS NOT HAD AN OPIOID PRESCRIPTION
9 IN THE LAST TWELVE MONTHS, WHICH INITIAL PRESCRIPTION MAY
10 INCLUDE, AT THE DISCRETION OF THE PODIATRIST, A SECOND FILL BY THE
11 ORIGINAL PRESCRIBER FOR A SEVEN-DAY SUPPLY, UNLESS THE PATIENT:

12 (I) HAS CHRONIC PAIN THAT:

13 (A) TYPICALLY LASTS LONGER THAN NINETY DAYS OR PAST THE
14 TIME OF NORMAL HEALING AS DETERMINED BY THE PODIATRIST; OR

15 (B) IS THE RESULT OF AN UNDERLYING MEDICAL CONDITION,
16 DISEASE, INJURY, MEDICAL TREATMENT, OR INFLAMMATION OR AN
17 UNKNOWN CAUSE, ANY OF WHICH MAY BECOME PROGRESSIVELY WORSE
18 OR REOCCUR INTERMITTENTLY;

19 (II) HAS BEEN DIAGNOSED WITH CANCER AND IS EXPERIENCING

1 CANCER-RELATED PAIN;

2 (III) IS EXPERIENCING POST-SURGICAL PAIN THAT IS EXPECTED TO
3 LAST MORE THAN FOURTEEN DAYS; OR

4 (IV) IS PRESCRIBED A DRUG THAT IS MANUFACTURED AS A
5 COMBINATION DRUG WITH AN ADDED ABUSE DETERRENT.

6 (b) A PODIATRIST LICENSED PURSUANT TO THIS ARTICLE 32 MAY
7 PRESCRIBE OPIOIDS ELECTRONICALLY.

8 (c) THIS SUBSECTION (3) IS REPEALED, EFFECTIVE SEPTEMBER 1,
9 2021.

10 **SECTION 2.** In Colorado Revised Statutes, **amend** 12-35-114 as
11 follows:

12 **12-35-114. Dentists may prescribe drugs - surgical operations**
13 **- anesthesia - limits on opioid prescriptions - repeal.** (1) A licensed
14 dentist is authorized to prescribe drugs or medicine; perform surgical
15 operations; administer, pursuant to board rules, local anesthesia, analgesia
16 including nitrous oxide/oxygen inhalation, medication prescribed or
17 administered for the relief of anxiety or apprehension, minimal sedation,
18 moderate sedation, deep sedation, or general anesthesia; and use
19 appliances as necessary to the proper practice of dentistry. A dentist shall
20 not prescribe, distribute, or give to any person, including himself or
21 herself, any habit-forming drug or any controlled substance, as defined in
22 section 18-18-102 (5) ~~C.R.S.~~, or as contained in schedule II of 21 U.S.C.
23 sec. 812, other than in the course of legitimate dental practice and
24 pursuant to the rules promulgated by the board regarding controlled
25 substance record keeping.

26 (2) (a) A DENTIST PRESCRIBING AN INITIAL PRESCRIPTION FOR AN
27 OPIOID SHALL NOT PRESCRIBE MORE THAN A SEVEN-DAY SUPPLY OF THE
28 INITIAL PRESCRIPTION TO A PATIENT WHO HAS NOT HAD AN OPIOID

1 PRESCRIPTION IN THE PAST TWELVE MONTHS, WHICH INITIAL PRESCRIPTION
2 MAY INCLUDE, AT THE DISCRETION OF THE DENTIST, A SECOND FILL FOR A
3 SEVEN-DAY SUPPLY, UNLESS THE PATIENT:

4 (I) HAS CHRONIC PAIN THAT:

5 (A) TYPICALLY LASTS LONGER THAN NINETY DAYS OR PAST THE
6 TIME OF NORMAL HEALING AS DETERMINED BY THE DENTIST; OR

7 (B) IS THE RESULT OF AN UNDERLYING MEDICAL CONDITION,
8 DISEASE, INJURY, MEDICAL TREATMENT, OR INFLAMMATION OR AN
9 UNKNOWN CAUSE, ANY OF WHICH MAY BECOME PROGRESSIVELY WORSE
10 OR REOCCUR INTERMITTENTLY;

11 (II) HAS BEEN DIAGNOSED WITH CANCER AND IS EXPERIENCING
12 CANCER-RELATED PAIN;

13 (III) IS EXPERIENCING POST-SURGICAL PAIN THAT IS EXPECTED TO
14 LAST MORE THAN FOURTEEN DAYS; OR

15 (IV) IS PRESCRIBED A DRUG THAT IS MANUFACTURED AS A
16 COMBINATION DRUG WITH AN ADDED ABUSE DETERRENT.

17 (b) A DENTIST LICENCED PURSUANT TO THIS ARTICLE 35 MAY
18 PRESCRIBE OPIOIDS ELECTRONICALLY.

19 (c) NOTWITHSTANDING ANY OTHER PROVISION OF LAW, THIS
20 SUBSECTION (2) DOES NOT CREATE A CAUSE OF ACTION OR CREATE A
21 STANDARD OF CARE, OBLIGATION, OR DUTY THAT PROVIDES A BASIS FOR
22 A CAUSE OF ACTION.

23 (d) THIS SUBSECTION (2) IS REPEALED, EFFECTIVE SEPTEMBER 1,
24 2021.

25 **SECTION 3.** In Colorado Revised Statutes, **add** 12-36-117.6 as
26 follows:

27 **12-36-117.6. Prescribing opiates - limitations - repeal.** (1) A
28 PHYSICIAN OR PHYSICIAN ASSISTANT PRESCRIBING AN INITIAL

1 PRESCRIPTION FOR AN OPIOID SHALL NOT PRESCRIBE MORE THAN A
2 SEVEN-DAY SUPPLY OF THE INITIAL PRESCRIPTION TO A PATIENT WHO HAS
3 NOT HAD AN OPIOID PRESCRIPTION IN THE PAST TWELVE MONTHS, WHICH
4 INITIAL PRESCRIPTION MAY INCLUDE, AT THE DISCRETION OF THE
5 PHYSICIAN OR PHYSICIAN ASSISTANT, A SECOND FILL FOR A SEVEN-DAY
6 SUPPLY, UNLESS THE PATIENT:

7 (a) HAS CHRONIC PAIN THAT:

8 (I) TYPICALLY LASTS LONGER THAN NINETY DAYS OR PAST THE
9 TIME OF NORMAL HEALING AS DETERMINED BY THE PHYSICIAN OR
10 PHYSICIAN ASSISTANT; OR

11 (II) IS THE RESULT OF AN UNDERLYING MEDICAL CONDITION,
12 DISEASE, INJURY, MEDICAL TREATMENT, OR INFLAMMATION OR AN
13 UNKNOWN CAUSE, ANY OF WHICH MAY BECOME PROGRESSIVELY WORSE
14 OR REOCCUR INTERMITTENTLY;

15 (b) HAS BEEN DIAGNOSED WITH CANCER AND IS EXPERIENCING
16 CANCER-RELATED PAIN;

17 (c) IS UNDERGOING PALLIATIVE CARE OR HOSPICE CARE FOCUSED
18 ON PROVIDING THE PATIENT WITH RELIEF FROM SYMPTOMS, PAIN, AND
19 STRESS RESULTING FROM A SERIOUS ILLNESS IN ORDER TO IMPROVE
20 QUALITY OF LIFE;

21 (d) IS EXPERIENCING POST-SURGICAL PAIN THAT IS EXPECTED TO
22 LAST MORE THAN FOURTEEN DAYS;

23 (e) IS RECEIVING MEDICATION-ASSISTED TREATMENT TO TREAT A
24 SUBSTANCE USE DISORDER; OR

25 (f) IS PRESCRIBED A DRUG THAT IS MANUFACTURED AS A
26 COMBINATION DRUG WITH AN ADDED ABUSE DETERRENT.

27 (2) A PHYSICIAN OR PHYSICIAN ASSISTANT LICENSED PURSUANT TO
28 THIS ARTICLE 36 MAY PRESCRIBE OPIOIDS ELECTRONICALLY.

1 (3) NOTWITHSTANDING ANY OTHER PROVISION OF LAW, THIS
2 SECTION DOES NOT CREATE A CAUSE OF ACTION OR CREATE A STANDARD
3 OF CARE, OBLIGATION, OR DUTY THAT PROVIDES A BASIS FOR A CAUSE OF
4 ACTION.

5 (4) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 1, 2021.

6 **SECTION 4.** In Colorado Revised Statutes, 12-38-111.6, **add**
7 (7.5) as follows:

8 **12-38-111.6. Prescriptive authority - advanced practice nurses**
9 **- limits on opioid prescriptions - repeal.** (7.5) (a) AN ADVANCED
10 PRACTICE NURSE WITH PRESCRIPTIVE AUTHORITY PURSUANT TO THIS
11 SECTION WHO IS PRESCRIBING AN INITIAL PRESCRIPTION FOR AN OPIOID
12 SHALL NOT PRESCRIBE MORE THAN A SEVEN-DAY SUPPLY OF THE INITIAL
13 PRESCRIPTION TO A PATIENT WHO HAS NOT HAD AN OPIOID PRESCRIPTION
14 IN THE PAST TWELVE MONTHS, WHICH INITIAL PRESCRIPTION MAY
15 INCLUDE, AT THE DISCRETION OF THE ADVANCED PRACTICE NURSE, A
16 SECOND FILL FOR A SEVEN-DAY SUPPLY, UNLESS THE PATIENT:

17 (I) HAS CHRONIC PAIN THAT:

18 (A) TYPICALLY LASTS LONGER THAN NINETY DAYS OR PAST THE
19 TIME OF NORMAL HEALING AS DETERMINED BY THE ADVANCED PRACTICE
20 NURSE; OR

21 (B) IS THE RESULT OF AN UNDERLYING MEDICAL CONDITION,
22 DISEASE, INJURY, MEDICAL TREATMENT, OR INFLAMMATION OR AN
23 UNKNOWN CAUSE, ANY OF WHICH MAY BECOME PROGRESSIVELY WORSE
24 OR REOCCUR INTERMITTENTLY;

25 (II) HAS BEEN DIAGNOSED WITH CANCER AND IS EXPERIENCING
26 CANCER-RELATED PAIN;

27 (III) IS UNDERGOING PALLIATIVE CARE OR HOSPICE CARE FOCUSED
28 ON PROVIDING THE PATIENT WITH RELIEF FROM SYMPTOMS, PAIN, AND

1 STRESS RESULTING FROM A SERIOUS ILLNESS IN ORDER TO IMPROVE
2 QUALITY OF LIFE;

3 (IV) IS EXPERIENCING POST-SURGICAL PAIN THAT IS EXPECTED TO
4 LAST MORE THAN FOURTEEN DAYS;

5 (V) IS RECEIVING MEDICATION-ASSISTED TREATMENT TO TREAT A
6 SUBSTANCE USE DISORDER; OR

7 (VI) IS PRESCRIBED A DRUG THAT IS MANUFACTURED AS A
8 COMBINATION DRUG WITH AN ADDED ABUSE DETERRENT.

9 (b) AN ADVANCED PRACTICE NURSE WITH PRESCRIPTIVE
10 AUTHORITY PURSUANT TO THIS SECTION MAY PRESCRIBE OPIOIDS
11 ELECTRONICALLY.

12 (c) NOTWITHSTANDING ANY OTHER PROVISION OF LAW, THIS
13 SUBSECTION (7.5) DOES NOT CREATE A CAUSE OF ACTION OR CREATE A
14 STANDARD OF CARE, OBLIGATION, OR DUTY THAT PROVIDES A BASIS FOR
15 A CAUSE OF ACTION.

16 (d) THIS SUBSECTION (7.5) IS REPEALED, EFFECTIVE SEPTEMBER 1,
17 2021.

18 **SECTION 5.** In Colorado Revised Statutes, 12-40-109.5, **add** (4)
19 as follows:

20 **12-40-109.5. Use of prescription and nonprescription drugs -**
21 **limits on opioid prescriptions - repeal.** (4) (a) AN OPTOMETRIST
22 PRESCRIBING AN INITIAL PRESCRIPTION FOR AN OPIOID SHALL NOT
23 PRESCRIBE MORE THAN A SEVEN-DAY SUPPLY OF THE INITIAL
24 PRESCRIPTION TO A PATIENT WHO HAS NOT HAD AN OPIOID PRESCRIPTION
25 IN THE LAST TWELVE MONTHS, WHICH INITIAL PRESCRIPTION MAY
26 INCLUDE, AT THE DISCRETION OF THE OPTOMETRIST, A SECOND FILL BY THE
27 ORIGINAL PRESCRIBER FOR A SEVEN-DAY SUPPLY, UNLESS THE PATIENT:

28 (I) HAS CHRONIC PAIN THAT:

1 (A) TYPICALLY LASTS LONGER THAN NINETY DAYS OR PAST THE
2 TIME OF NORMAL HEALING AS DETERMINED BY THE OPTOMETRIST; OR

3 (B) IS THE RESULT OF AN UNDERLYING MEDICAL CONDITION,
4 DISEASE, INJURY, MEDICAL TREATMENT, OR INFLAMMATION OR AN
5 UNKNOWN CAUSE, ANY OF WHICH MAY BECOME PROGRESSIVELY WORSE
6 OR REOCCUR INTERMITTENTLY;

7 (II) HAS BEEN DIAGNOSED WITH CANCER AND IS EXPERIENCING
8 CANCER-RELATED PAIN;

9 (III) IS EXPERIENCING POST-SURGICAL PAIN THAT IS EXPECTED TO
10 LAST MORE THAN FOURTEEN DAYS;

11 (IV) IS RECEIVING MEDICATION-ASSISTED TREATMENT TO TREAT
12 A SUBSTANCE USE DISORDER; OR

13 (V) IS PRESCRIBED A DRUG THAT IS MANUFACTURED AS A
14 COMBINATION DRUG WITH AN ADDED ABUSE DETERRENT.

15 (b) AN OPTOMETRIST LICENSED PURSUANT TO THIS ARTICLE 40 MAY
16 PRESCRIBE OPIOIDS ELECTRONICALLY.

17 (c) THIS SUBSECTION (4) IS REPEALED, EFFECTIVE SEPTEMBER 1,
18 2021.

19 **SECTION 6.** In Colorado Revised Statutes, 12-42.5-404, **amend**
20 (3)(b); and **add** (3.6) as follows:

21 **12-42.5-404. Program operation - access - rules - definitions -**
22 **repeal.** (3) The program is available for query only to the following
23 persons or groups of persons:

24 (b) Any practitioner with the statutory authority to prescribe
25 controlled substances, or an individual designated by the practitioner to
26 act on his or her behalf in accordance with section 12-42.5-403 (1.5)(b),
27 to the extent the query relates to a current patient of the practitioner. THE
28 PRACTITIONER OR HIS OR HER DESIGNEE SHALL IDENTIFY HIS OR HER AREA

1 OF HEALTH CARE SPECIALTY OR PRACTICE UPON THE INITIAL QUERY OF THE
2 PROGRAM;

3 (3.6) (a) EACH PRACTITIONER OR HIS OR HER DESIGNEE SHALL
4 QUERY THE PROGRAM PRIOR TO PRESCRIBING THE FIRST REFILL
5 PRESCRIPTION FOR AN OPIOID UNLESS THE PERSON RECEIVING THE
6 PRESCRIPTION:

7 (I) IS RECEIVING THE OPIOID IN A HOSPITAL, SKILLED NURSING
8 FACILITY, RESIDENTIAL FACILITY, OR CORRECTIONAL FACILITY;

9 (II) HAS BEEN DIAGNOSED WITH CANCER AND IS EXPERIENCING
10 CANCER-RELATED PAIN;

11 (III) IS UNDERGOING PALLIATIVE CARE OR HOSPICE CARE;

12 (IV) IS EXPERIENCING POST-SURGICAL PAIN THAT IS EXPECTED TO
13 LAST MORE THAN FOURTEEN DAYS;

14 (V) IS RECEIVING TREATMENT DURING A NATURAL DISASTER OR
15 DURING AN INCIDENT WHERE MASS CASUALTIES HAVE TAKEN PLACE;

16 (VI) HAS RECEIVED ONLY A SINGLE DOSE TO RELIEVE PAIN FOR A
17 SINGLE TEST OR PROCEDURE; OR

18 (VII) IS RECEIVING A PRESCRIPTION LIMITED TO A FOURTEEN-DAY
19 SUPPLY OR LESS.

20 (b) A PRACTITIONER OR HIS OR HER DESIGNEE COMPLIES WITH THIS
21 SUBSECTION (3.6) IF HE OR SHE ATTEMPTS TO ACCESS THE PROGRAM PRIOR
22 TO PRESCRIBING THE FIRST REFILL PRESCRIPTION FOR AN OPIOID, AND THE
23 PROGRAM IS NOT AVAILABLE OR IS INACCESSIBLE DUE TO TECHNICAL
24 FAILURE.

25 (c) THIS SUBSECTION (3.6) IS REPEALED, EFFECTIVE SEPTEMBER 1,
26 2021.

27 **SECTION 7.** In Colorado Revised Statutes, **add** 12-64-127 as
28 follows:

1 **12-64-127. Prescription of opioids - limitations - repeal.** (1) A
2 VETERINARIAN PRESCRIBING AN INITIAL PRESCRIPTION FOR AN OPIOID
3 SHALL NOT PRESCRIBE MORE THAN A SEVEN-DAY SUPPLY OF THE INITIAL
4 PRESCRIPTION, WHICH INITIAL PRESCRIPTION MAY INCLUDE, AT THE
5 DISCRETION OF THE VETERINARIAN, A SECOND FILL BY THE ORIGINAL
6 PRESCRIBER FOR A SEVEN-DAY SUPPLY, UNLESS THE ANIMAL:

7 (a) HAS CHRONIC PAIN THAT:

8 (I) TYPICALLY LASTS LONGER THAN NINETY DAYS OR PAST THE
9 TIME OF NORMAL HEALING AS DETERMINED BY THE VETERINARIAN; OR

10 (II) IS THE RESULT OF AN UNDERLYING MEDICAL CONDITION,
11 DISEASE, INJURY, MEDICAL TREATMENT, OR INFLAMMATION OR AN
12 UNKNOWN CAUSE, ANY OF WHICH MAY BECOME PROGRESSIVELY WORSE
13 OR REOCCUR INTERMITTENTLY;

14 (b) HAS BEEN DIAGNOSED WITH CANCER AND IS EXPERIENCING
15 CANCER-RELATED PAIN; OR

16 (c) IS EXPERIENCING POST-SURGICAL PAIN THAT IS EXPECTED TO
17 LAST MORE THAN FOURTEEN DAYS.

18 (2) A VETERINARIAN LICENCED PURSUANT TO THIS ARTICLE 64
19 MAY PRESCRIBE OPIOIDS ELECTRONICALLY.

20 (3) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 1, 2021.

21 **SECTION 8.** In Colorado Revised Statutes, **add** 25-1-129 as
22 follows:

23 **25-1-129. Prescription drug monitoring program integration**
24 **methods - health care provider report cards - report - repeal.** (1) ON
25 OR BEFORE SEPTEMBER 1, 2019, THE DEPARTMENT SHALL REPORT TO THE
26 GENERAL ASSEMBLY THE FINDINGS FROM STUDIES THE DEPARTMENT
27 CONDUCTED PURSUANT TO THE FEDERAL GRANT TITLED THE
28 "PRESCRIPTION DRUG OVERDOSE PREVENTION FOR STATES COOPERATIVE

1 AGREEMENT" THAT THE DEPARTMENT RECEIVED CONCERNING:

2 (a) THE PRESCRIPTION DRUG MONITORING PROGRAM INTEGRATION
3 METHODS; AND

4 (b) HEALTH CARE PROVIDER REPORT CARDS.

5 (2) THE DEPARTMENT SHALL FORWARD THE FINDINGS FROM THIS
6 STUDY TO THE CENTER FOR RESEARCH INTO SUBSTANCE USE DISORDER
7 PREVENTION, TREATMENT, AND RECOVERY SUPPORT STRATEGIES AT THE
8 UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER, CREATED IN
9 SECTION 27-80-118 (3). THE CENTER SHALL USE THE INFORMATION TO
10 PROVIDE VOLUNTARY TRAINING FOR HEALTH CARE PROVIDERS IN
11 TARGETED AREAS.

12 (3) THIS SECTION IS REPEALED, EFFECTIVE JANUARY 1, 2020.

13 **SECTION 9. Safety clause.** The general assembly hereby finds,
14 determines, and declares that this act is necessary for the immediate
15 preservation of the public peace, health, and safety.

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Second Regular Session
Seventy-first General Assembly
STATE OF COLORADO

BILL C

LLS NO. 18-0259.01 Yelana Love x2295

SENATE BILL

SENATE SPONSORSHIP

Lambert and Jahn, Aguilar, Moreno, Priola, Tate

HOUSE SPONSORSHIP

Singer and Navarro, Kennedy, Pettersen

Senate Committees

House Committees

A BILL FOR AN ACT

101 CONCERNING MEASURES TO ADDRESS THE OPIOID CRISIS IN
102 COLORADO, AND, IN CONNECTION THEREWITH, PROVIDING
103 IMMUNITY FOR INDIVIDUALS WHO PROVIDE CLEAN SYRINGES
104 THROUGH A CLEAN SYRINGE EXCHANGE PROGRAM, CREATING
105 A SUPERVISED INJECTION FACILITY PILOT PROGRAM, ALLOWING
106 SCHOOL DISTRICTS TO DEVELOP POLICIES FOR THE SUPPLY AND
107 ADMINISTRATION OF OPIATE ANTAGONISTS, AND REQUIRING THE
108 COMMISSION ON CRIMINAL AND JUVENILE JUSTICE TO STUDY
109 CERTAIN TOPICS RELATED TO SENTENCING FOR
110 OPIOID-RELATED OFFENSES.

Bill Summary

(Note: This summary applies to this bill as introduced and does

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.

DRAFT *Dashes through the words indicate deletions from existing statute.*

33

not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov/>.)

Opioid and Other Substance Use Disorders Interim Study Committee. The bill:

- Specifies that hospitals may be used as clean syringe exchange sites (**section 1**);
- Provides civil immunity for participants of a clean syringe exchange program (**section 1**);
- Creates a supervised injection facility pilot program in the city and county of Denver and provides civil and criminal immunity for the approved supervised injection facility (**sections 2 through 4**);
- Allows school districts and nonpublic schools to develop a policy by which schools are allowed to obtain a supply of opiate antagonists and school employees are trained to administer opiate antagonists to individuals at risk of experiencing a drug overdose (**sections 5 through 11**); and
- Requires the commission on criminal and juvenile justice to study certain topics related to sentencing for opioid-related offenses (**section 12**).

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** In Colorado Revised Statutes, 25-1-520, **add** (2.5)
3 and (7) as follows:

4 **25-1-520. Clean syringe exchange programs - approval -**
5 **reporting requirements.** (2.5) A PROGRAM DEVELOPED PURSUANT TO
6 THIS SECTION MAY BE OPERATED IN A HOSPITAL LICENSED OR CERTIFIED
7 BY THE STATE DEPARTMENT PURSUANT TO SECTION 25-1.5-103 (1)(a).

8 (7) AN INDIVIDUAL WHO PROVIDES A CLEAN SYRINGE IN
9 ACCORDANCE WITH A CLEAN SYRINGE EXCHANGE PROGRAM ESTABLISHED
10 UNDER THIS SECTION IS NOT LIABLE FOR ANY CIVIL DAMAGES RESULTING
11 FROM THE ACT.

12 **SECTION 2.** In Colorado Revised Statutes, **add** 25-1-521 as

1 follows:

2 **25-1-521. Supervised injection facility pilot program -**
3 **approval - immunity - reporting requirements - definitions - repeal.**

4 (1) THERE IS HEREBY ESTABLISHED A SUPERVISED INJECTION FACILITY
5 PILOT PROGRAM TO ALLOW A PROCESS FOR APPROVING AND ESTABLISHING
6 A SUPERVISED INJECTION FACILITY IN THE CITY AND COUNTY OF DENVER.
7 THE DENVER PUBLIC HEALTH AGENCY MAY SEEK APPROVAL FROM THE
8 DENVER BOARD OF HEALTH, IN ACCORDANCE WITH THE PROCESS
9 SPECIFIED IN SUBSECTION (2) OF THIS SECTION, TO OPERATE A SUPERVISED
10 INJECTION FACILITY AS A PART OF AN APPROVED CLEAN SYRINGE
11 EXCHANGE PROGRAM ESTABLISHED AND OPERATING PURSUANT TO
12 SECTION 25-1-520. THE DENVER PUBLIC HEALTH AGENCY MAY CONTRACT
13 WITH A NONPROFIT ORGANIZATION OPERATING ITS CLEAN SYRINGE
14 EXCHANGE PROGRAM TO OPERATE AN APPROVED SYRINGE INJECTION
15 FACILITY.

16 (2) PRIOR TO APPROVING OR DISAPPROVING A SUPERVISED
17 INJECTION FACILITY, THE BOARD SHALL CONSULT WITH THE DENVER
18 PUBLIC HEALTH AGENCY AND INTERESTED STAKEHOLDERS CONCERNING
19 THE ESTABLISHMENT OF THE FACILITY. INTERESTED STAKEHOLDERS MUST
20 INCLUDE LOCAL LAW ENFORCEMENT AGENCIES, DISTRICT ATTORNEYS,
21 SUBSTANCE USE DISORDER TREATMENT PROVIDERS, PERSONS WITH A
22 SUBSTANCE USE DISORDER IN REMISSION, NONPROFIT ORGANIZATIONS,
23 HEPATITIS C AND HIV ADVOCACY ORGANIZATIONS, AND MEMBERS OF THE
24 COMMUNITY.

25 (3) THE BOARD MAY APPROVE OR DISAPPROVE THE PROPOSED
26 SUPERVISED INJECTION FACILITY BASED ON THE RESULTS OF THE MEETINGS
27 HELD PURSUANT TO SUBSECTION (2) OF THIS SECTION; EXCEPT THAT THE
28 BOARD MAY APPROVE, AND THE DENVER PUBLIC HEALTH AGENCY MAY

1 OPERATE, ONLY ONE SUPERVISED INJECTION FACILITY WITHIN THE CITY
2 AND COUNTY OF DENVER DURING THE PILOT PROGRAM.

3 (4) **Immunity.** (a) NOTWITHSTANDING ANY OTHER LAW, A
4 PERSON PARTICIPATING AS AN EMPLOYEE, VOLUNTEER, OR PARTICIPANT
5 IN AN APPROVED SUPERVISED INJECTION FACILITY IS NOT LIABLE FOR ANY
6 CIVIL DAMAGES OR CRIMINAL PENALTIES RESULTING FROM PARTICIPATION.

7 (b) A SUPERVISED INJECTION FACILITY OPERATING PURSUANT TO
8 THIS SECTION DOES NOT CONSTITUTE A PUBLIC NUISANCE FOR PURPOSES
9 OF SECTIONS 16-13-303 TO 16-13-306.

10 (5) NO LATER THAN OCTOBER 1, 2021, THE DENVER PUBLIC
11 HEALTH AGENCY OR NONPROFIT ORGANIZATION THAT OPERATES A
12 SUPERVISED INJECTION FACILITY PURSUANT TO THIS SECTION SHALL
13 PROVIDE A REPORT TO THE HOUSE OF REPRESENTATIVES COMMITTEE ON
14 HEALTH, INSURANCE, AND ENVIRONMENT AND THE SENATE COMMITTEE ON
15 HEALTH AND HUMAN SERVICES, OR THEIR SUCCESSOR COMMITTEES, THAT
16 INCLUDES:

17 (a) THE NUMBER OF PROGRAM PARTICIPANTS;

18 (b) AGGREGATE INFORMATION REGARDING THE CHARACTERISTICS
19 OF PROGRAM PARTICIPANTS;

20 (c) THE NUMBER OF SYRINGES DISTRIBUTED FOR USE ON SITE;

21 (d) THE NUMBER OF OVERDOSES EXPERIENCED AND REVERSED ON
22 SITE; AND

23 (e) THE NUMBER OF INDIVIDUALS DIRECTLY AND FORMALLY
24 REFERRED TO OTHER SERVICES AND THE TYPE OF SERVICE.

25 (6) IF THE BOARD APPROVES A SUPERVISED INJECTION FACILITY
26 THAT IS OPERATED THROUGH A CONTRACT WITH A NONPROFIT
27 ORGANIZATION, THE CONTRACT SHALL BE SUBJECT TO ANNUAL REVIEW
28 AND SHALL BE RENEWED ONLY IF THE BOARD APPROVES THE CONTRACT

1 AFTER CONSULTATION WITH THE DENVER PUBLIC HEALTH AGENCY AND
2 INTERESTED STAKEHOLDERS AS DESCRIBED IN SUBSECTION (2) OF THIS
3 SECTION.

4 (7) A SUPERVISED INJECTION FACILITY OPERATED PURSUANT TO
5 THIS SECTION MUST MAINTAIN COMPLIANCE WITH SECTION 25-1-520 (2).

6 (8) AS USED IN THIS SECTION:

7 (a) "BOARD" OR "DENVER BOARD OF HEALTH" MEANS THE BOARD
8 OF HEALTH FOR THE CITY AND COUNTY OF DENVER.

9 (b) "DENVER PUBLIC HEALTH AGENCY" MEANS THE PUBLIC HEALTH
10 AGENCY FOR THE CITY AND COUNTY OF DENVER.

11 (c) "SUPERVISED INJECTION FACILITY" MEANS A FACILITY:

12 (I) DESIGNED TO PROVIDE A SPACE FOR PEOPLE TO INJECT
13 PREVIOUSLY OBTAINED DRUGS UNDER THE SUPERVISION OF HEALTH CARE
14 PROFESSIONALS OR OTHER TRAINED STAFF; AND

15 (II) THAT MAY PROVIDE OTHER RELATED SERVICES INCLUDING
16 SYRINGE ACCESS, OVERDOSE PREVENTION, AND REFERRALS TO SUBSTANCE
17 USE DISORDER TREATMENT AND OTHER SERVICES.

18 (9) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 1, 2022.

19 **SECTION 3.** In Colorado Revised Statutes, 25-1-508, **add** (5)(m)
20 as follows:

21 **25-1-508. County or district boards of public health - public**
22 **health directors - repeal.** (5) In addition to all other powers and duties
23 conferred and imposed upon a county board of health or a district board
24 of health by the provisions of this subpart 3, a county board of health or
25 a district board of health shall have and exercise the following specific
26 powers and duties:

27 (m) (I) TO APPROVE, AS PROVIDED FOR IN SECTION 25-1-521, A
28 SUPERVISED INJECTION FACILITY PROPOSED BY AN AGENCY. A COUNTY

1 BOARD OF HEALTH OR DISTRICT BOARD OF HEALTH IS NOT REQUIRED TO
2 APPROVE A PROPOSED PROGRAM.

3 (II) THIS SUBSECTION (5)(m) IS REPEALED, EFFECTIVE SEPTEMBER
4 1, 2022.

5 **SECTION 4.** In Colorado Revised Statutes, **amend** 18-18-430.5
6 as follows:

7 **18-18-430.5. Drug paraphernalia - exemption - repeal.** (1) A
8 person shall be exempt from the provisions of sections 18-18-425 to
9 18-18-430 if he or she is participating as an employee, volunteer, or
10 participant in:

11 (a) An approved syringe exchange program created pursuant to
12 section 25-1-520; ~~C.R.S.~~ OR

13 (b) (I) A SUPERVISED INJECTION FACILITY CREATED PURSUANT TO
14 SECTION 25-1-521.

15 (II) THIS SUBSECTION (1)(b) IS REPEALED, EFFECTIVE SEPTEMBER
16 1, 2022.

17 **SECTION 5.** In Colorado Revised Statutes, 12-36-117.7, **amend**
18 (1) introductory portion, (1)(c), (1)(d), and (3)(c); and **add** (1)(e) and
19 (6)(f.5) as follows:

20 **12-36-117.7. Prescribing opiate antagonists - definitions.** (1) A
21 physician or physician assistant licensed pursuant to this ~~article~~ ARTICLE
22 36 may prescribe or dispense, directly or in accordance with standing
23 orders and protocols, an opiate antagonist to:

24 (c) An employee or volunteer of a harm reduction organization;
25 ~~or~~

26 (d) A first responder; OR

27 (e) AN EMPLOYEE OR AGENT OF A SCHOOL.

28 (3) A licensed physician or physician assistant does not engage in

1 unprofessional conduct pursuant to section 12-36-117 if the physician or
2 physician assistant issues standing orders and protocols regarding opiate
3 antagonists or prescribes or dispenses an opiate antagonist in a good-faith
4 effort to assist:

5 (c) A first responder, ~~or~~ an employee or volunteer of a harm
6 reduction organization, OR AN EMPLOYEE OR AGENT OF A SCHOOL in
7 responding to, treating, or otherwise assisting an individual who is
8 experiencing or is at risk of experiencing an opiate-related drug overdose
9 event or a friend, family member, or other person in a position to assist
10 an at-risk individual.

11 (6) As used in this section:

12 (f.5) "SCHOOL" MEANS AN ELEMENTARY OR SECONDARY PUBLIC
13 OR NONPUBLIC SCHOOL WHOSE GOVERNING AUTHORITY HAS ADOPTED AND
14 IMPLEMENTED A POLICY PURSUANT TO SECTION 22-1-119.1.

15 **SECTION 6.** In Colorado Revised Statutes, 12-38-125.5, **amend**
16 (1)(c), (1)(d), and (3)(c); and **add** (1)(e) and (6)(f.5) as follows:

17 **12-38-125.5. Prescribing opiate antagonists - definitions.**

18 (1) An advanced practice nurse with prescriptive authority pursuant to
19 section 12-38-111.6 may prescribe or dispense, directly or in accordance
20 with standing orders and protocols, an opiate antagonist to:

21 (c) An employee or volunteer of a harm reduction organization;

22 ~~or~~

23 (d) A first responder; OR

24 (e) AN EMPLOYEE OR AGENT OF A SCHOOL.

25 (3) An advanced practice nurse with prescriptive authority does
26 not engage in conduct that is grounds for discipline pursuant to section
27 12-38-117 if the advanced practice nurse issues standing orders and
28 protocols regarding opiate antagonists or prescribes or dispenses an opiate

1 antagonist in a good-faith effort to assist:

2 (c) A first responder, ~~or~~ an employee or volunteer of a harm
3 reduction organization, OR AN EMPLOYEE OR AGENT OF A SCHOOL in
4 responding to, treating, or otherwise assisting an individual who is
5 experiencing or is at risk of experiencing an opiate-related drug overdose
6 event or a friend, family member, or other person in a position to assist
7 an at-risk individual.

8 (6) As used in this section:

9 (f.5) "SCHOOL" MEANS AN ELEMENTARY OR SECONDARY PUBLIC
10 OR NONPUBLIC SCHOOL WHOSE GOVERNING AUTHORITY HAS ADOPTED AND
11 IMPLEMENTED A POLICY PURSUANT TO SECTION 22-1-119.1.

12 **SECTION 7.** In Colorado Revised Statutes, 12-42.5-105, **amend**
13 (2) as follows:

14 **12-42.5-105. Rules.** (2) On or before January 1, ~~2016~~ 2019, the
15 board shall adopt or amend rules as necessary to permit the dispensing of
16 an opiate antagonist in accordance with section 12-42.5-120 (3).

17 **SECTION 8.** In Colorado Revised Statutes, 12-42.5-120, **amend**
18 (3)(a)(III), (3)(a)(IV), (3)(c)(I)(C), (3)(d)(I) introductory portion, and
19 (3)(d)(III); and **add** (3)(a)(V) and (3)(e)(VI.5) as follows:

20 **12-42.5-120. Prescription required - exception - dispensing**
21 **opiate antagonists - definitions.** (3) (a) A pharmacist may dispense,
22 pursuant to an order or standing orders and protocols, an opiate antagonist
23 to:

24 (III) An employee or volunteer of a harm reduction organization;

25 ~~or~~

26 (IV) A first responder; OR

27 (V) AN EMPLOYEE OR AGENT OF A SCHOOL.

28 (c) (I) A pharmacist does not engage in unprofessional conduct

1 pursuant to section 12-42.5-123 if the pharmacist dispenses, pursuant to
2 an order or standing orders and protocols, an opiate antagonist in a
3 good-faith effort to assist:

4 (C) A first responder, ~~or~~ an employee or volunteer of a harm
5 reduction organization, OR AN EMPLOYEE OR AGENT OF A SCHOOL in
6 responding to, treating, or otherwise assisting an individual who is
7 experiencing or is at risk of experiencing an opiate-related drug overdose
8 event or a friend, family member, or other person in a position to assist
9 an at-risk individual.

10 (d) (I) A first responder, ~~or~~ an employee or volunteer of a harm
11 reduction organization, OR AN EMPLOYEE OR AGENT OF A SCHOOL may,
12 pursuant to an order or standing orders and protocols:

13 (III) A first responder, ~~or~~ an employee or volunteer of a harm
14 reduction organization, OR AN EMPLOYEE OR AGENT OF A SCHOOL acting
15 in accordance with this ~~paragraph (d)~~ SUBSECTION (3)(d) is not subject to
16 civil liability or criminal prosecution, as specified in sections 13-21-108.7
17 (3) and 18-1-712 (2), ~~C.R.S.~~, respectively.

18 (e) As used in this section:

19 (VI.5) "SCHOOL" MEANS AN ELEMENTARY OR SECONDARY PUBLIC
20 OR NONPUBLIC SCHOOL WHOSE GOVERNING AUTHORITY HAS ADOPTED AND
21 IMPLEMENTED A POLICY PURSUANT TO SECTION 22-1-119.1.

22 **SECTION 9.** In Colorado Revised Statutes, **add** 22-1-119.1 as
23 follows:

24 **22-1-119.1. Policy for employee and agent possession and**
25 **administration of opiate antagonists - definitions.** (1) A SCHOOL
26 DISTRICT BOARD OF EDUCATION OF A PUBLIC SCHOOL, THE STATE CHARTER
27 SCHOOL INSTITUTE FOR AN INSTITUTE CHARTER SCHOOL, OR THE
28 GOVERNING BOARD OF A NONPUBLIC SCHOOL MAY ADOPT AND IMPLEMENT

1 A POLICY WHEREBY:

2 (a) SCHOOLS UNDER ITS JURISDICTION MAY ACQUIRE AND
3 MAINTAIN A STOCK SUPPLY OF OPIATE ANTAGONISTS; AND

4 (b) EMPLOYEES AND AGENTS OF THE SCHOOL MAY, AFTER
5 RECEIVING APPROPRIATE TRAINING, ADMINISTER AN OPIATE ANTAGONIST
6 ON SCHOOL GROUNDS TO ASSIST AN INDIVIDUAL WHO IS AT RISK OF
7 EXPERIENCING AN OPIATE-RELATED DRUG OVERDOSE EVENT.

8 (2) A POLICY ADOPTED PURSUANT TO THIS SECTION MUST INCLUDE
9 TRAINING AND EDUCATION FOR SCHOOL EMPLOYEES CONCERNING THE
10 RISK FACTORS FOR OVERDOSE, RECOGNIZING AN OVERDOSE, CALLING
11 EMERGENCY MEDICAL SERVICES, RESCUE BREATHING, AND ADMINISTERING
12 AN OPIATE ANTAGONIST.

13 (3) AN EMPLOYEE OR AGENT OF A SCHOOL ACTING IN ACCORDANCE
14 WITH A POLICY ADOPTED PURSUANT TO THIS SECTION IS NOT SUBJECT TO
15 CIVIL LIABILITY OR CRIMINAL PROSECUTION, AS SPECIFIED IN SECTIONS
16 13-21-108.7 (3) AND 18-1-712 (2), RESPECTIVELY.

17 (4) AS USED IN THIS SECTION:

18 (a) "OPIATE ANTAGONIST" MEANS NALOXONE HYDROCHLORIDE OR
19 ANY SIMILARLY ACTING DRUG THAT IS NOT A CONTROLLED SUBSTANCE
20 AND THAT IS APPROVED BY THE FEDERAL FOOD AND DRUG
21 ADMINISTRATION FOR THE TREATMENT OF A DRUG OVERDOSE.

22 (b) "OPIATE-RELATED DRUG OVERDOSE EVENT" MEANS AN ACUTE
23 CONDITION, INCLUDING A DECREASED LEVEL OF CONSCIOUSNESS OR
24 RESPIRATORY DEPRESSION, THAT:

25 (I) RESULTS FROM THE CONSUMPTION OR USE OF A CONTROLLED
26 SUBSTANCE OR ANOTHER SUBSTANCE WITH WHICH A CONTROLLED
27 SUBSTANCE WAS COMBINED;

28 (II) A LAY PERSON WOULD REASONABLY BELIEVE TO BE CAUSED BY

1 AN OPIATE-RELATED DRUG OVERDOSE EVENT; AND

2 (III) REQUIRES MEDICAL ASSISTANCE.

3 **SECTION 10.** In Colorado Revised Statutes, 13-21-108.7,
4 **amend** (3) as follows:

5 **13-21-108.7. Persons rendering emergency assistance through**
6 **the administration of an opiate antagonist - limited immunity -**
7 **legislative declaration - definitions.** (3) **General immunity.** A person,
8 other than a health care provider or a health care facility, who acts in
9 good faith to furnish or administer an opiate antagonist to an individual
10 the person believes to be suffering an opiate-related drug overdose event
11 or to an individual who is in a position to assist the individual at risk of
12 experiencing an opiate-related overdose event is not liable for any civil
13 damages for acts or omissions made as a result of the act. This subsection
14 (3) also applies to a first responder, ~~or~~ an employee or volunteer of a harm
15 reduction organization, ~~OR AN EMPLOYEE OR AGENT OF A SCHOOL~~ acting
16 in accordance with section 12-42.5-120 (3)(d). ~~C.R.S.~~

17 **SECTION 11.** In Colorado Revised Statutes, 18-1-712, **amend**
18 (2) as follows:

19 **18-1-712. Immunity for a person who administers an opiate**
20 **antagonist during an opiate-related drug overdose event - definitions.**
21 (2) **General immunity.** A person, other than a health care provider or a
22 health care facility, who acts in good faith to furnish or administer an
23 opiate antagonist to an individual the person believes to be suffering an
24 opiate-related drug overdose event or to an individual who is in a position
25 to assist the individual at risk of experiencing an opiate-related overdose
26 event is immune from criminal prosecution for the act. This subsection
27 (2) also applies to a first responder, ~~or~~ an employee or volunteer of a harm
28 reduction organization, ~~OR AN EMPLOYEE OR AGENT OF A SCHOOL~~ acting

1 in accordance with section 12-42.5-120 (3)(d). ~~C.R.S.~~

2 **SECTION 12.** In Colorado Revised Statutes, **add** 16-11.3-103.7
3 as follows:

4 **16-11.3-103.7. Study of penalties related to opioids and**
5 **synthetic opioids - repeal.** (1) AS SOON AS PRACTICABLE, THE
6 COMMISSION SHALL STUDY CRIMINAL PENALTIES RELATED TO OPIOIDS AND
7 SYNTHETIC OPIOIDS, AS SPECIFIED IN SECTION 18-18-204 (2), TO
8 DETERMINE:

9 (a) THE EFFICACY OF CRIMINAL PENALTIES RELATED TO THE
10 UNLAWFUL MANUFACTURING, DISTRIBUTION, DISPENSING, AND SALE OF
11 CARFENTANYL, FENTANYL, AND OTHER SYNTHETIC OPIOIDS; AND

12 (b) THE EXTENT TO WHICH CURRENT CRIMINAL PENALTIES FOR THE
13 UNLAWFUL USE AND POSSESSION OF OPIOIDS AND SYNTHETIC OPIOIDS
14 IMPACT THE ABILITY OF A PERSON WITH A SUBSTANCE USE DISORDER TO
15 SEEK TREATMENT.

16 (2) THE COMMISSION SHALL INCLUDE ITS FINDINGS AND ANY
17 RECOMMENDATIONS BASED ON ITS FINDINGS IN THE ANNUAL REPORT
18 SPECIFIED IN SECTION 16-11.3-103 (2)(c).

19 (3) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2019.

20 **SECTION 13. Applicability.** This act applies to offenses
21 committed on or after the effective date of this act.

22 **SECTION 14. Safety clause.** The general assembly hereby finds,
23 determines, and declares that this act is necessary for the immediate
24 preservation of the public peace, health, and safety.

Second Regular Session
Seventy-first General Assembly
STATE OF COLORADO

BILL D

LLS NO. 18-0260.01 Christy Chase x2008

SENATE BILL

SENATE SPONSORSHIP

Jahn and Tate, Aguilar, Lambert, Priola

HOUSE SPONSORSHIP

Navarro and Singer, Buck, Kennedy, Pettersen

Senate Committees

House Committees

A BILL FOR AN ACT

101 **CONCERNING MODIFICATIONS TO THE COLORADO HEALTH SERVICE**
102 **CORPS PROGRAM ADMINISTERED BY THE DEPARTMENT OF**
103 **PUBLIC HEALTH AND ENVIRONMENT TO EXPAND THE**
104 **AVAILABILITY OF BEHAVIORAL HEALTH CARE PROVIDERS IN**
105 **SHORTAGE AREAS IN THE STATE.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov/>.)

Opioid and Other Substance Use Disorders Interim Study Committee. The bill modifies the Colorado health service corps program

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.

DRAFT *Dashes through the words indicate deletions from existing statute.*

administered by the primary care office in the department of public health and environment as follows:

- For purposes of determining areas in the state in which there is a shortage of health care professionals and behavioral health care providers to meet the needs of the community, allows the primary care office, under guidance adopted by the state board of health, to develop and administer state health professional shortage areas using state-specific methodologies;
- Allows behavioral health care providers, which include licensed and certified addiction counselors, licensed professional counselors, licensed clinical social workers, licensed marriage and family therapists, clinical psychologists, advanced practice nurses, and physicians certified or trained in addiction medicine, pain management, or psychiatry, and candidates for licensure as an addiction counselor, professional counselor, clinical social worker, marriage and family therapist, or psychologist, to participate in the loan repayment program on the condition of committing to provide behavioral health care services in health professional shortage areas for a specified period;
- Directs the advisory council to prioritize loan repayment and scholarships for those behavioral health care providers, candidates for licensure, or addiction counselors who provide behavioral health care services in nonprofit or public employer settings but permits consideration of applicants practicing in a private setting that serves underserved populations;
- Establishes a scholarship program to help defray the education and training costs associated with obtaining certification as an addiction counselor or with progressing to a higher level of certification;
- Adds 2 members to the advisory council that reviews program applications, which members include a representative of an organization representing substance use disorder treatment providers and a licensed or certified addiction counselor who has experience in rural health, safety net clinics, or health equity;
- Modifies program reporting requirements and requires annual reporting that coincides with required SMART Act reporting by the department; and
- Requires the general assembly to annually appropriate \$2.5 million from the marijuana tax cash fund to the primary care office to provide loan repayment for behavioral health

care providers and candidates for licensure participating in the Colorado health service corps and to award scholarships to addiction counselors participating in the scholarship program.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1. Legislative declaration.** (1) The general assembly
3 finds and determines that:

4 (a) Colorado faces a health care workforce shortage in many
5 health care areas, including a shortage in behavioral health care providers
6 who work with patients with mental health and substance use disorders;

7 (b) With an opioid epidemic and increasing overdose rates
8 affecting all corners of the state, the need for health professionals who
9 can treat patients with substance use disorders is particularly acute;

10 (c) Additionally, providers who seek to hire mental health and
11 substance use disorder professionals report difficulty in filling positions,
12 leading to reduced services despite having the physical space for beds or
13 outpatient treatment rooms;

14 (d) The state currently operates a loan repayment program, known
15 as the Colorado health service corps, that targets the need for primary care
16 services in health professional shortage areas throughout the state by
17 providing loan repayment to a health care professional who commits to
18 practicing and providing primary care in a shortage area for a minimum
19 period;

20 (e) The Colorado health service corps program, in its current
21 form, is limited to specific providers providing primary or psychiatric
22 care in areas of the state designated as health professional shortage areas
23 under federal guidelines;

24 (f) Further, the existing loan repayment program is available only

1 to providers who have already obtained a license, which can require at
2 least one to two years of supervised practice, depending on the license
3 type, after completion of a master's or doctorate degree, yet the need for
4 assistance with repaying student loans is often greatest during this
5 supervised practice period since salary earnings are lower;

6 (g) While the current program requirements are well suited for
7 providing greater access to primary and psychiatric care, they do not
8 address the increasing demand for behavioral health care services to treat
9 other mental health or substance use disorders and the financial burdens
10 faced by candidates for licensure who are progressing to licensure but are
11 not eligible for loan repayment and are often working at an entry-level
12 salary;

13 (h) Moreover, the federal guidelines for determining a health
14 professional shortage area do not adequately measure the shortage of
15 other mental health or substance use disorder professionals in areas of the
16 state experiencing an increased need for behavioral health care services;

17 (i) In order to expand access to behavioral health care providers
18 and behavioral health care services in areas of the state where the need for
19 behavioral health care is great and the access to care is limited, it is
20 important to:

21 (I) Allow behavioral health care providers and candidates for
22 licensure as a behavioral health care provider to participate in the loan
23 repayment program through the Colorado health service corps to provide
24 incentives to those providers and candidates to deliver behavioral health
25 care services in health professional shortage areas in the state and to ease
26 the financial burdens they face when practicing in health professional
27 shortage areas;

28 (II) Establish a scholarship program to provide financial

1 assistance to addiction counselors seeking initial or a higher level of
2 certification to defray education and training costs in exchange for a
3 commitment to provide behavioral health care services in health
4 professional shortage areas;

5 (III) Allow the primary care office, under guidelines adopted by
6 the state board of health, to designate health professional shortage areas
7 in the state using state-specific guidelines rather than federal guidelines;

8 (IV) Add representatives of substance use disorder service
9 providers to the advisory council that reviews and makes
10 recommendations on loan repayment applications; and

11 (V) Dedicate an amount of money from the marijuana tax cash
12 fund to provide loan repayment to behavioral health care providers and
13 candidates for licensure and scholarships to addiction counselors in order
14 to expand access to behavioral health care services to individuals
15 suffering from a mental health or substance use disorder.

16 (2) The general assembly further finds that expanding access to
17 the health care professional loan repayment program to behavioral health
18 care providers will expand access to behavioral health care services and
19 treatment for people with mental health or substance use disorders, and
20 therefore, the use of retail marijuana tax revenues to fund loan
21 repayments for behavioral health care providers under the Colorado
22 health service corps program is authorized under section 39-28.8-501
23 (2)(b)(IV)(C).

24 **SECTION 2.** In Colorado Revised Statutes, 25-1.5-402, **add** (11)
25 as follows:

26 **25-1.5-402. Definitions.** As used in this part 4, unless the context
27 otherwise requires:

28 (11) "STATE-DESIGNATED HEALTH PROFESSIONAL SHORTAGE

1 AREA" MEANS AN AREA OF THE STATE DESIGNATED BY THE PRIMARY CARE
2 OFFICE, IN ACCORDANCE WITH STATE-SPECIFIC METHODOLOGIES
3 ESTABLISHED BY THE STATE BOARD BY RULE PURSUANT TO SECTION
4 25-1.5-404 (1)(a), AS EXPERIENCING A SHORTAGE OF HEALTH CARE
5 PROFESSIONALS OR BEHAVIORAL HEALTH CARE PROVIDERS.

6 **SECTION 3.** In Colorado Revised Statutes, 25-1.5-404, **amend**
7 (1)(a) as follows:

8 **25-1.5-404. Primary care office - powers and duties - rules.**

9 (1) The primary care office has, at a minimum, the following powers and
10 duties:

11 (a) To assess the health care AND BEHAVIORAL HEALTH CARE
12 professional needs of areas throughout the state IN COORDINATION WITH
13 THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING AND CREATE
14 AND ADMINISTER STATE-DESIGNATED HEALTH PROFESSIONAL SHORTAGE
15 AREAS IN ACCORDANCE WITH STATE BOARD RULES ADOPTED UNDER THIS
16 SUBSECTION (1)(a) ESTABLISHING STATE-SPECIFIC METHODOLOGIES FOR
17 DESIGNATING AREAS EXPERIENCING A SHORTAGE OF HEALTH CARE
18 PROFESSIONALS OR BEHAVIORAL HEALTH CARE PROVIDERS;

19 **SECTION 4.** In Colorado Revised Statutes, **amend** 25-1.5-501
20 as follows:

21 **25-1.5-501. Legislative declaration.** (1) The general assembly
22 hereby finds that there are areas of Colorado that suffer from a lack of
23 health care professionals OR BEHAVIORAL HEALTH CARE PROVIDERS to
24 serve, and a lack of nursing or other health care professional faculty to
25 train health care professionals to meet, the medical AND BEHAVIORAL
26 HEALTH CARE needs of communities. The general assembly further finds
27 that the state needs to implement incentives to encourage health care
28 professionals AND BEHAVIORAL HEALTH CARE PROVIDERS to practice in

1 these underserved areas and to encourage nursing faculty and other health
2 care professional faculty to teach ~~these~~ health care professionals.

3 (2) It is therefore the intent of the general assembly in enacting
4 this part 5 to create a state health service corps program that uses state
5 ~~moneys~~ MONEY, federal ~~moneys~~ MONEY, when permissible, and
6 contributions from communities and private sources to help repay the
7 outstanding education loans that many health care professionals,
8 BEHAVIORAL HEALTH CARE PROVIDERS, CANDIDATES FOR LICENSURE,
9 nursing faculty, and health care professional faculty hold. In exchange for
10 repayment of loans incurred for the purpose of obtaining education in
11 their chosen health care AND BEHAVIORAL HEALTH CARE professions, the
12 health care professionals, BEHAVIORAL HEALTH CARE PROVIDERS, AND
13 CANDIDATES FOR LICENSURE will commit to provide health care OR
14 BEHAVIORAL HEALTH CARE services, AS APPLICABLE, in communities with
15 underserved health care OR BEHAVIORAL HEALTH CARE needs throughout
16 the state, and the nursing and health care professional faculty will commit
17 to providing a specified period of service in a qualified faculty position.

18 (3) IN ADDITION, FOR PURPOSES OF INCREASING THE AVAILABILITY
19 OF CERTIFIED ADDICTION COUNSELORS, IT IS THE INTENT OF THE GENERAL
20 ASSEMBLY TO CREATE A SCHOLARSHIP PROGRAM TO PROVIDE
21 SCHOLARSHIPS TO ADDICTION COUNSELORS WHO, IN EXCHANGE FOR
22 RECEIVING SCHOLARSHIPS TO ASSIST THEM IN OBTAINING THE REQUIRED
23 EDUCATION AND TRAINING TO BE CERTIFIED AS AN ADDICTION
24 COUNSELOR, COMMIT TO PRACTICE IN A HEALTH PROFESSIONAL SHORTAGE
25 AREA FOR A SPECIFIED PERIOD.

26 **SECTION 5.** In Colorado Revised Statutes, 25-1.5-502, **add**
27 (1.3), (1.5), (1.7), (6.5), (12), (13), and (14) as follows:

28 **25-1.5-502. Definitions.** As used in this part 5, unless the context

1 otherwise requires:

2 (1.3) "BEHAVIORAL HEALTH CARE PROVIDER" MEANS THE
3 FOLLOWING PROVIDERS WHO PROVIDE BEHAVIORAL HEALTH CARE
4 SERVICES WITHIN THEIR SCOPE OF PRACTICE:

5 (a) A LICENSED ADDICTION COUNSELOR;

6 (b) A CERTIFIED ADDICTION COUNSELOR;

7 (c) A LICENSED PROFESSIONAL COUNSELOR;

8 (d) A LICENSED CLINICAL SOCIAL WORKER;

9 (e) A LICENSED MARRIAGE AND FAMILY THERAPIST;

10 (f) A CLINICAL PSYCHOLOGIST;

11 (g) AN ADVANCED PRACTICE NURSE WITH SPECIFIC TRAINING IN
12 SUBSTANCE USE DISORDERS, PAIN MANAGEMENT, OR PSYCHIATRIC
13 NURSING; OR

14 (h) A PHYSICIAN WITH SPECIFIC BOARD CERTIFICATION OR
15 TRAINING IN ADDICTION MEDICINE, PAIN MANAGEMENT, OR PSYCHIATRY.

16 (1.5) "BEHAVIORAL HEALTH CARE SERVICES" MEANS SERVICES FOR
17 THE PREVENTION, DIAGNOSIS, AND TREATMENT OF, AND THE RECOVERY
18 FROM, MENTAL HEALTH AND SUBSTANCE USE DISORDERS.

19 (1.7) "CANDIDATE FOR LICENSURE" MEANS A PERSON WHO:

20 (a) IS A CANDIDATE FOR A LICENSE AS A PSYCHOLOGIST, CLINICAL
21 SOCIAL WORKER, MARRIAGE AND FAMILY THERAPIST, LICENSED
22 PROFESSIONAL COUNSELOR, OR ADDICTION COUNSELOR;

23 (b) HAS COMPLETED A MASTER'S DEGREE OR, FOR A PSYCHOLOGIST
24 LICENSURE CANDIDATE, HAS COMPLETED A DOCTORAL DEGREE;

25 (c) HAS NOT YET COMPLETED THE SUPERVISED EXPERIENCE HOURS
26 REQUIRED FOR LICENSURE PURSUANT TO SECTION 12-43-304 (1)(d),
27 12-43-404 (2)(c), 12-43-504 (1)(d), 12-43-603 (1)(d), OR 12-43-804
28 (1)(g), AS APPLICABLE; AND

1 (d) IS OR WILL BE PROVIDING BEHAVIORAL HEALTH CARE
2 SERVICES.

3 (6.5) "HEALTH PROFESSIONAL SHORTAGE AREA" MEANS A
4 FEDERALLY DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREA OR A
5 STATE-DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREA.

6 (12) "SCHOLARSHIP PROGRAM" MEANS THE SCHOLARSHIP
7 PROGRAM FOR ADDICTION COUNSELORS CREATED IN SECTION
8 25-1.5-503.5.

9 (13) "STATE-DESIGNATED HEALTH PROFESSIONAL SHORTAGE
10 AREA" MEANS AN AREA OF THE STATE DESIGNATED BY THE PRIMARY CARE
11 OFFICE, IN ACCORDANCE WITH STATE-SPECIFIC METHODOLOGIES
12 ESTABLISHED BY THE STATE BOARD BY RULE PURSUANT TO SECTION
13 25-1.5-404 (1)(a), AS EXPERIENCING A SHORTAGE OF HEALTH CARE
14 PROFESSIONALS OR BEHAVIORAL HEALTH CARE PROVIDERS.

15 (14) "UNDERSERVED POPULATION" MEANS ANY OF THE
16 FOLLOWING:

17 (a) INDIVIDUALS ELIGIBLE FOR MEDICAL ASSISTANCE UNDER
18 ARTICLES 4 TO 6 OF TITLE 25.5;

19 (b) INDIVIDUALS WHO ARE PROVIDED SERVICES BY A BEHAVIORAL
20 HEALTH CARE PROVIDER AND ARE EITHER CHARGED FEES ON A SLIDING
21 SCALE BASED UPON INCOME OR ARE SERVED WITHOUT CHARGE.

22 **SECTION 6.** In Colorado Revised Statutes, 25-1.5-503, **amend**
23 (1), (2), (5), and (6) as follows:

24 **25-1.5-503. Colorado health service corps - program - creation**
25 **- conditions - rules.** (1) (a) (I) ~~Beginning July 1, 2009,~~ The primary care
26 office shall maintain and administer, subject to available appropriations,
27 the Colorado health service corps. Subject to available appropriations, the
28 Colorado health service corps shall provide loan repayment for certain

1 eligible:

2 (A) Health care professionals who provide primary health
3 services; ~~Beginning July 1, 2011, the Colorado health service corps shall~~
4 ~~also provide loan repayment for certain eligible~~

5 (B) Nursing faculty or health care professional faculty members
6 in qualified faculty positions; AND

7 (C) BEHAVIORAL HEALTH CARE PROVIDERS AND CANDIDATES FOR
8 LICENSURE WHO PROVIDE BEHAVIORAL HEALTH CARE SERVICES.

9 (II) Under the Colorado health service corps, subject to the
10 limitations specified in subsection (2) of this section, upon entering into
11 a loan contract the state may either:

12 (A) Make payments on the education loans of the health care
13 professional, BEHAVIORAL HEALTH CARE PROVIDER, CANDIDATE FOR
14 LICENSURE, nursing faculty member, or health care professional faculty
15 member; or

16 (B) Agree to make an advance payment in a lump sum of all or
17 part of the principal, interest, and related expenses of the education loans
18 of health care professionals, BEHAVIORAL HEALTH CARE PROVIDERS,
19 CANDIDATES FOR LICENSURE, nursing faculty members, or health care
20 professional faculty members, subject to the limitations specified in
21 subsection (2) of this section.

22 (III) (A) In consideration for receiving repayment of all or part of
23 his or her education loan, the health care professional shall agree to
24 provide primary health services in ~~federally designated~~ health
25 professional shortage areas in Colorado.

26 (B) IN CONSIDERATION FOR RECEIVING REPAYMENT OF ALL OR
27 PART OF HIS OR HER EDUCATION LOAN, THE BEHAVIORAL HEALTH CARE
28 PROVIDER OR CANDIDATE FOR LICENSURE SHALL AGREE TO PROVIDE

1 BEHAVIORAL HEALTH CARE SERVICES IN HEALTH PROFESSIONAL SHORTAGE
2 AREAS IN COLORADO.

3 (IV) In consideration for receiving repayment of all or part of his
4 or her education loan, the nursing or other health care professional faculty
5 member must agree to serve two or more consecutive academic years in
6 a qualified faculty position.

7 (b) Repayment of loans under the Colorado health service corps
8 may be made using ~~moneys~~ MONEY in the Colorado health service corps
9 fund. The primary care office is authorized to receive and expend gifts,
10 grants, and donations or ~~moneys~~ MONEY appropriated by the general
11 assembly for the purpose of implementing the Colorado health service
12 corps. In administering the Colorado health service corps, the primary
13 care office shall collaborate with appropriate partners as needed to
14 maximize the federal ~~moneys~~ MONEY available to the state for state loan
15 repayment programs through the federal department of health and human
16 services. The selection of health care professionals, BEHAVIORAL HEALTH
17 CARE PROVIDERS, CANDIDATES FOR LICENSURE, nursing faculty members,
18 and health care professional faculty members for participation in the
19 Colorado health service corps is exempt from the competitive bidding
20 requirements of the "Procurement Code", articles 101 to 112 of title 24.
21 ~~C.R.S.~~

22 (c) THE FOLLOWING PROVIDERS ARE NOT ELIGIBLE FOR LOAN
23 REPAYMENT THROUGH THE COLORADO HEALTH SERVICE CORPS:

24 (e) (I) Health care professionals WHO ARE NOT practicing in
25 ~~nonprimary~~ PRIMARY care specialties or providing ~~nonprimary~~ PRIMARY
26 health services; ~~are not eligible for loan repayments through the Colorado~~
27 ~~health service corps~~ AND

28 (II) BEHAVIORAL HEALTH CARE PROVIDERS AND CANDIDATES FOR

1 LICENSURE WHO ARE NOT PROVIDING BEHAVIORAL HEALTH CARE
2 SERVICES.

3 (d) (I) As a condition of receiving a loan repayment through the
4 Colorado health service corps, a health care professional OR BEHAVIORAL
5 HEALTH CARE PROVIDER must enter into a contract pursuant to which the
6 health care professional OR BEHAVIORAL HEALTH CARE PROVIDER agrees
7 to practice for at least two years in a community that is located in a
8 ~~federally designated~~ health professional shortage area. The health care
9 professional OR BEHAVIORAL HEALTH CARE PROVIDER, AS APPLICABLE, the
10 primary care office, and the community employer with which the health
11 care professional OR BEHAVIORAL HEALTH CARE PROVIDER is practicing
12 must be parties to the contract.

13 (II) As a condition of receiving a loan repayment through the
14 Colorado health service corps, a nursing faculty or health care
15 professional faculty member must enter into a contract pursuant to which
16 he or she agrees to serve at least two consecutive academic years or their
17 equivalent in a qualified faculty position. The nursing faculty or health
18 care professional faculty member, the primary care office, and the
19 educational institution where the qualified faculty position is located must
20 be parties to the contract.

21 (III) AS A CONDITION OF RECEIVING A LOAN REPAYMENT THROUGH
22 THE COLORADO HEALTH SERVICE CORPS, A CANDIDATE FOR LICENSURE
23 MUST ENTER INTO A CONTRACT PURSUANT TO WHICH THE CANDIDATE FOR
24 LICENSURE AGREES TO PRACTICE FOR AT LEAST TWO YEARS AFTER
25 OBTAINING THE LICENSE, PLUS AN ADDITIONAL AMOUNT OF TIME
26 EQUIVALENT TO THE TIME SPENT OBTAINING THE SUPERVISED EXPERIENCE
27 HOURS REQUIRED FOR LICENSURE WHILE PARTICIPATING IN THE PROGRAM,
28 IN A COMMUNITY THAT IS LOCATED IN A HEALTH PROFESSIONAL SHORTAGE

1 AREA. THE CANDIDATE FOR LICENSURE, THE PRIMARY CARE OFFICE, AND
2 THE COMMUNITY EMPLOYER WITH WHICH THE CANDIDATE FOR LICENSURE
3 IS PRACTICING MUST BE PARTIES TO THE CONTRACT.

4 (2) Subject to available appropriations, the primary care office
5 shall annually select health care professionals, BEHAVIORAL HEALTH CARE
6 PROVIDERS, CANDIDATES FOR LICENSURE, nursing faculty members, and
7 health care professional members from the list provided by the advisory
8 council pursuant to ~~section 25-1.5-504 (6)~~ SECTION 25-1.5-504 (5)(a) to
9 participate in the Colorado health service corps.

10 (5) (a) A health care professional participating in the Colorado
11 health service corps shall not practice with a for-profit private group or
12 solo practice or at a proprietary hospital or clinic.

13 (b) FOR A BEHAVIORAL HEALTH CARE PROVIDER OR CANDIDATE
14 FOR LICENSURE APPLYING TO PARTICIPATE IN THE COLORADO HEALTH
15 SERVICE CORPS, THE ADVISORY COUNCIL SHALL PRIORITIZE BEHAVIORAL
16 HEALTH CARE PROVIDERS AND CANDIDATES FOR LICENSURE WHO ARE
17 PRACTICING WITH A NONPROFIT OR PUBLIC EMPLOYER. THE ADVISORY
18 COUNCIL MAY ALSO CONSIDER FOR PARTICIPATION IN THE COLORADO
19 HEALTH SERVICE CORPS BEHAVIORAL HEALTH CARE PROVIDERS AND
20 CANDIDATES FOR LICENSURE WHO ARE PRACTICING WITH A FOR-PROFIT
21 EMPLOYER, SUCH AS A PRIVATE PRACTICE OR OTHER SITE, THAT PROVIDES
22 SERVICES TO AN UNDERSERVED POPULATION.

23 (6) A contract for loan repayment entered into pursuant to this part
24 5 must not include terms that are more favorable to health care
25 professionals, BEHAVIORAL HEALTH CARE PROVIDERS, OR CANDIDATES
26 FOR LICENSURE than the most favorable terms that the secretary of the
27 federal department of health and human services is authorized to grant
28 under the national health services corps program. In addition, each

1 contract must include penalties for breach of contract that are at least as
2 stringent as those available to the secretary of the federal department of
3 health and human services. In the event of a breach of contract for a loan
4 repayment entered into pursuant to this part 5, the primary care office
5 shall enforce the contract and collect any damages or other penalties
6 owed.

7 **SECTION 7.** In Colorado Revised Statutes, **add** 25-1.5-503.5 as
8 follows:

9 **25-1.5-503.5. Scholarship program for addiction counselors -**
10 **creation - eligibility - conditions - rules.** (1) BEGINNING IN THE 2018-19
11 STATE FISCAL YEAR, THE PRIMARY CARE OFFICE SHALL MAINTAIN AND
12 ADMINISTER A SCHOLARSHIP PROGRAM TO ASSIST IN INCREASING THE
13 POPULATION OF CERTIFIED ADDICTION COUNSELORS PROVIDING
14 BEHAVIORAL HEALTH CARE SERVICES IN HEALTH PROFESSIONAL SHORTAGE
15 AREAS. SUBJECT TO AVAILABLE APPROPRIATIONS, THE PRIMARY CARE
16 OFFICE SHALL AWARD SCHOLARSHIPS TO HELP DEFRAY THE EDUCATION
17 AND TRAINING COSTS ASSOCIATED WITH OBTAINING CERTIFICATION AS AN
18 ADDICTION COUNSELOR OR WITH PROGRESSING TO A HIGHER LEVEL OF
19 CERTIFICATION FOR APPLICANTS WHO AGREE TO PRACTICE IN A HEALTH
20 PROFESSIONAL SHORTAGE AREA FOR A SPECIFIED PERIOD.

21 (2) UNDER THE SCHOLARSHIP PROGRAM, SUBJECT TO THE
22 LIMITATIONS SPECIFIED IN THIS SECTION, UPON ENTERING INTO A
23 SCHOLARSHIP CONTRACT, THE STATE MAY PAY UP TO THE FULL COST OF
24 EDUCATIONAL MATERIALS AND DIRECT EXPENSES ASSOCIATED WITH
25 EDUCATION AND TRAINING REQUIRED FOR CERTIFICATION AS AN
26 ADDICTION COUNSELOR OR FOR PROGRESSING TO A HIGHER LEVEL OF
27 ADDICTION COUNSELOR CERTIFICATION, WHICH AMOUNT SHALL BE PAID TO
28 THE ACADEMIC INSTITUTION OR STATE-APPROVED TRAINER WHERE THE

1 ADDICTION COUNSELOR STUDENT IS ENROLLED OR PARTICIPATING.

2 (3) AS A CONDITION OF RECEIVING A SCHOLARSHIP AWARD TO
3 ASSIST WITH OBTAINING CERTIFICATION OR A HIGHER LEVEL OF
4 CERTIFICATION, AN APPLICANT MUST ENTER INTO A CONTRACT WITH THE
5 PRIMARY CARE OFFICE PURSUANT TO WHICH HE OR SHE AGREES TO SERVE
6 AT LEAST SIX CONSECUTIVE MONTHS IN A COMMUNITY THAT IS LOCATED
7 IN A HEALTH PROFESSIONAL SHORTAGE AREA.

8 (4) SUBJECT TO AVAILABLE APPROPRIATIONS, THE PRIMARY CARE
9 OFFICE SHALL ANNUALLY SELECT APPLICANTS FROM THE LIST PROVIDED
10 BY THE ADVISORY COUNCIL PURSUANT TO SECTION 25-1.5-504 (5)(b) FOR
11 SCHOLARSHIP AWARDS UNDER THIS SECTION.

12 (5) FOR PURPOSES OF RECOMMENDING SCHOLARSHIP AWARDS, THE
13 ADVISORY COUNCIL SHALL PRIORITIZE ADDICTION COUNSELORS WHO ARE
14 PRACTICING WITH A NONPROFIT OR PUBLIC EMPLOYER. THE ADVISORY
15 COUNCIL MAY ALSO CONSIDER FOR PARTICIPATION IN THE SCHOLARSHIP
16 PROGRAM ADDICTION COUNSELORS WHO ARE PRACTICING WITH A
17 FOR-PROFIT EMPLOYER, SUCH AS A PRIVATE PRACTICE OR OTHER SITE,
18 THAT PROVIDES SERVICES TO AN UNDERSERVED POPULATION.

19 (6) IN THE EVENT OF A BREACH OF CONTRACT FOR A SCHOLARSHIP
20 ENTERED INTO UNDER THIS SECTION, THE PRIMARY CARE OFFICE SHALL
21 ENFORCE THE CONTRACT AND COLLECT ANY DAMAGES OR OTHER
22 PENALTIES OWED.

23 **SECTION 8.** In Colorado Revised Statutes, 25-1.5-504, **amend**
24 (1), (2) introductory portion, (2)(l), and (5); and **add** (2)(n) and (2)(o) as
25 follows:

26 **25-1.5-504. Colorado health service corps advisory council -**
27 **creation - membership - duties.** (1) There is hereby created in the
28 primary care office the Colorado health service corps advisory council to

1 review applications for participation in the Colorado health service corps
2 AND FOR SCHOLARSHIPS UNDER SECTION 25-1.5-503.5 and TO make
3 recommendations to the primary care office pursuant to section
4 25-1.5-503 (2) AND 25-1.5-503.5 (4).

5 (2) The advisory council consists of ~~thirteen~~ FIFTEEN members
6 appointed by the governor as provided in this subsection (2). In
7 appointing members of the advisory council, the governor shall ensure
8 that the advisory council includes at least one representative from each of
9 the following organizations:

10 (l) A physician who is a faculty member of a medical school in
11 Colorado; ~~and~~

12 (n) A MEMBERSHIP ORGANIZATION REPRESENTING SUBSTANCE USE
13 DISORDER SERVICE PROVIDERS; AND

14 (o) A LICENSED OR CERTIFIED ADDICTION COUNSELOR WHO HAS
15 EXPERIENCE IN RURAL HEALTH, SAFETY NET CLINICS, OR HEALTH EQUITY.

16 (5) (a) The advisory council shall review applications received
17 from health care professionals, BEHAVIORAL HEALTH CARE PROVIDERS,
18 CANDIDATES FOR LICENSURE, nursing faculty members, and health care
19 professional faculty members to participate in the Colorado health service
20 corps. Subject to available appropriations and federal requirements
21 concerning eligibility for federal loan repayment matching funds, the
22 advisory council shall annually select health care professionals,
23 BEHAVIORAL HEALTH CARE PROVIDERS, CANDIDATES FOR LICENSURE,
24 nursing faculty members, and health care professional faculty members
25 to participate in the Colorado health service corps and shall forward its
26 list of selected participants to the primary care office.

27 (b) THE ADVISORY COUNCIL SHALL REVIEW APPLICATIONS
28 RECEIVED FOR PARTICIPATION IN THE SCHOLARSHIP PROGRAM. SUBJECT TO

1 AVAILABLE APPROPRIATIONS, THE ADVISORY COUNCIL SHALL ANNUALLY
2 SELECT ADDICTION COUNSELORS TO PARTICIPATE IN THE SCHOLARSHIP
3 PROGRAM AND SHALL FORWARD ITS LIST OF SELECTED PARTICIPANTS TO
4 THE PRIMARY CARE OFFICE.

5 **SECTION 9.** In Colorado Revised Statutes, **amend 25-1.5-505**
6 as follows:

7 **25-1.5-505. Advisory council - report.** (1) On or before
8 December 1, 2011, and on or before December 1 every two years
9 thereafter, THE PRIMARY CARE OFFICE, WITH ASSISTANCE FROM the
10 advisory council, shall submit to the governor, the health and human
11 services committee of the senate, ~~and~~ the COMMITTEES ON health,
12 INSURANCE, and environment ~~committee~~ AND ON PUBLIC HEALTH CARE
13 AND HUMAN SERVICES of the house of representatives, or any successor
14 committees, a report that includes, at a minimum, the following
15 information:

16 (a) ~~Identification and a summary of successful loan forgiveness~~
17 ~~programs for health care professionals and best practices in health care~~
18 ~~professional loan forgiveness programs across the country~~ A DESCRIPTION
19 OF THE HEALTH CARE PROFESSIONALS, BEHAVIORAL HEALTH CARE
20 PROVIDERS, CANDIDATES FOR LICENSURE, NURSING FACULTY MEMBERS,
21 AND HEALTH CARE PROFESSIONAL FACULTY MEMBERS PARTICIPATING IN
22 THE COLORADO HEALTH SERVICE CORPS PROGRAM AND THE SCHOLARSHIP
23 PROGRAM;

24 (b) A description of the programmatic goals of the Colorado
25 health service corps AND THE SCHOLARSHIP PROGRAM, including the
26 present status of and any barriers to meeting those goals;

27 (c) Existing efforts and potential future projects to overcome any
28 barriers to meeting the programmatic goals of the Colorado health service

1 corps AND THE SCHOLARSHIP PROGRAM;

2 (d) An analysis of the ~~impact~~ EFFECTS of the Colorado health
3 service corps program AND THE SCHOLARSHIP PROGRAM ON ADDRESSING
4 THE HEALTH CARE AND BEHAVIORAL HEALTH CARE NEEDS OF
5 COMMUNITIES IN COLORADO;

6 (e) ~~If applicable, results of any surveys conducted of state health~~
7 ~~professional incentive programs in primary care and any~~
8 ~~recommendations to individually enhance, improve coordination among,~~
9 ~~and potentially consolidate existing or potential programs to better~~
10 ~~address Colorado's primary care workforce issues~~ A SUMMARY OF ANY
11 ASSESSMENT OR EVALUATION OF PROGRAM PERFORMANCE CONDUCTED
12 DURING THE YEAR; and

13 (f) ~~The number of~~ A DESCRIPTION OF THE nursing faculty or other
14 health care professional faculty members ~~who receive moneys from~~
15 PARTICIPATING IN the Colorado health service corps and the ~~number of~~
16 educational institutions where the ~~recipients~~ PARTICIPANTS teach.

17 (2) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
18 SHALL INCLUDE THE REPORT REQUIRED BY THIS SECTION AS PART OF ITS
19 "STATE MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND
20 TRANSPARENT (SMART) GOVERNMENT ACT" HEARING REQUIRED BY
21 SECTION 2-7-203.

22 (3) THE REPORTING REQUIREMENT IN THIS SECTION IS NOT SUBJECT
23 TO SECTION 24-1-136 (11)(a)(I).

24 **SECTION 10.** In Colorado Revised Statutes, **amend** 25-1.5-506
25 as follows:

26 **25-1.5-506. Colorado health service corps fund - created -**
27 **acceptance of grants and donations - annual appropriation from**
28 **marijuana tax cash fund.** (1) The Colorado health service corps fund

1 is hereby created in the state treasury, which fund consists of:

2 (a) All general fund ~~moneys~~ MONEY appropriated by the general
3 assembly for the Colorado health service corps, the first five hundred
4 thousand dollars of which shall be used solely for loan repayments for
5 nursing faculty;

6 (b) Damages and penalties collected from breach of contract
7 actions for loan repayment contracts; and

8 (c) For the 2016-17 fiscal year and each fiscal year thereafter,
9 tobacco litigation settlement ~~moneys~~ MONEY transferred to the fund by the
10 state treasurer pursuant to section 24-75-1104.5 (1.7)(n). ~~C.R.S.~~

11 (2) (a) The ~~moneys~~ MONEY in the fund, other than the ~~moneys~~
12 MONEY described in ~~paragraph (c) of subsection (1)~~ SUBSECTION (1)(c) of
13 this section, ~~are~~ IS hereby continuously appropriated to the primary care
14 office for the Colorado health service corps. Any ~~moneys~~ MONEY in the
15 fund not expended for the purpose of this part 5 may be invested by the
16 state treasurer as provided by law. All interest and income derived from
17 the investment and deposit of ~~moneys~~ MONEY in the fund shall be credited
18 to the fund. Any unexpended and unencumbered ~~moneys~~ MONEY
19 remaining in the fund at the end of a fiscal year ~~remain~~ REMAINS in the
20 fund and shall not be credited or transferred to the general fund or another
21 fund.

22 (b) The ~~moneys~~ MONEY described in ~~paragraph (c) of subsection~~
23 ~~(1)~~ SUBSECTION (1)(c) of this section ~~are~~ IS subject to annual
24 appropriation by the general assembly to the primary care office for the
25 Colorado health service corps.

26 (3) The primary care office is authorized to receive contributions,
27 grants, and services from public and private sources, AND TO EXPEND
28 PUBLIC OR PRIVATE CONTRIBUTIONS AND GRANTS, to carry out the

1 purposes of this part 5.

2 (4) (a) FOR THE 2018-19 FISCAL YEAR AND EACH FISCAL YEAR
3 THEREAFTER, THE GENERAL ASSEMBLY SHALL APPROPRIATE TWO MILLION
4 FIVE HUNDRED THOUSAND DOLLARS FROM THE MARIJUANA TAX CASH
5 FUND CREATED IN SECTION 39-28.8-501 TO THE PRIMARY CARE OFFICE TO:

6 (I) PROVIDE LOAN REPAYMENT FOR BEHAVIORAL HEALTH CARE
7 PROVIDERS AND CANDIDATES FOR LICENSURE PARTICIPATING IN THE
8 COLORADO HEALTH SERVICE CORPS; AND

9 (II) AWARD SCHOLARSHIPS TO ADDICTION COUNSELORS
10 PARTICIPATING IN THE SCHOLARSHIP PROGRAM.

11 (b) SINCE BEHAVIORAL HEALTH CARE PROVIDERS, CANDIDATES
12 FOR LICENSURE, AND ADDICTION COUNSELORS PROVIDE BEHAVIORAL
13 HEALTH CARE SERVICES AND TREATMENT TO PEOPLE WITH SUBSTANCE USE
14 OR MENTAL HEALTH DISORDERS, USE OF MONEY IN THE MARIJUANA TAX
15 CASH FUND IS PERMITTED UNDER SECTION 39-28.8-501 (2)(b)(IV)(C).

16 **SECTION 11. Effective date.** This act takes effect July 1, 2018.

17 **SECTION 12. Safety clause.** The general assembly hereby finds,
18 determines, and declares that this act is necessary for the immediate
19 preservation of the public peace, health, and safety.

Second Regular Session
Seventy-first General Assembly
STATE OF COLORADO

BILL E

LLS NO. 18-0258.02 Brita Darling x2241

HOUSE BILL

HOUSE SPONSORSHIP

Pettersen and Navarro, Buck, Kennedy, Singer

SENATE SPONSORSHIP

Priola and Jahn, Aguilar, Lambert, Tate

House Committees

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING TREATMENT FOR INDIVIDUALS WITH SUBSTANCE USE**
102 **DISORDERS, AND, IN CONNECTION THEREWITH, ADDING**
103 **RESIDENTIAL AND INPATIENT TREATMENT TO THE COLORADO**
104 **MEDICAL ASSISTANCE PROGRAM.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov/>.)

Opioid and Other Substance Use Disorders Interim Study Committee. The bill adds residential and inpatient substance use disorder services to the Colorado medical assistance program. The benefit is

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.

DRAFT *Dashes through the words indicate deletions from existing statute.*

65

limited to persons who meet nationally recognized, evidence-based level of care criteria for residential and inpatient substance use disorder treatment. The benefit will not be effective until the department of health care policy and financing seeks and receives any federal authorization necessary to secure federal financial participation in the program.

If an enhanced residential and inpatient substance use disorder treatment benefit becomes available, managed care organizations shall reprioritize the use of money allocated from the marijuana tax cash fund to assist in providing treatment, including residential treatment, to persons who are not otherwise covered by public or private insurance.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** In Colorado Revised Statutes, 25.5-5-202, **add**
3 (1)(x) as follows:

4 **25.5-5-202. Basic services for the categorically needy - optional**
5 **services.** (1) Subject to the provisions of subsection (2) of this section,
6 the following are services for which federal financial participation is
7 available and that Colorado has selected to provide as optional services
8 under the medical assistance program:

9 (x) (I) RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER
10 TREATMENT PURSUANT TO SECTION 25.5-5-324.

11 (II) NOTWITHSTANDING THE PROVISIONS OF SUBSECTION (1)(x)(I)
12 OF THIS SECTION, RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER
13 TREATMENT SHALL NOT TAKE EFFECT UNLESS ALL NECESSARY APPROVALS
14 UNDER FEDERAL LAW AND REGULATION HAVE BEEN OBTAINED TO RECEIVE
15 FEDERAL FINANCIAL PARTICIPATION FOR THE COSTS OF SUCH SERVICES.

16 **SECTION 2.** In Colorado Revised Statutes, **add** 25.5-5-324 as
17 follows:

18 **25.5-5-324. Residential and inpatient substance use disorder**
19 **treatment - federal approval.** (1) SUBJECT TO AVAILABLE
20 APPROPRIATIONS AND TO THE EXTENT PERMITTED UNDER FEDERAL LAW,

1 THE MEDICAL ASSISTANCE PROGRAM PURSUANT TO THIS ARTICLE 5 AND
2 ARTICLES 4 AND 6 OF THIS TITLE 25.5 INCLUDES RESIDENTIAL AND
3 INPATIENT SUBSTANCE USE DISORDER TREATMENT. PARTICIPATION IN THE
4 RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER TREATMENT
5 BENEFIT IS LIMITED TO PERSONS WHO MEET NATIONALLY RECOGNIZED,
6 EVIDENCE-BASED, LEVEL OF CARE CRITERIA FOR RESIDENTIAL AND
7 INPATIENT SUBSTANCE USE DISORDER TREATMENT. THE BENEFIT SHALL
8 SERVE PERSONS WITH SUBSTANCE USE DISORDERS, INCLUDING THOSE WITH
9 CO-OCCURRING MENTAL HEALTH DISORDERS.

10 (2) NO LATER THAN OCTOBER 1, 2018, THE STATE DEPARTMENT
11 SHALL SEEK FEDERAL AUTHORIZATION TO PROVIDE RESIDENTIAL AND
12 INPATIENT SUBSTANCE USE DISORDER TREATMENT WITH FULL FEDERAL
13 FINANCIAL PARTICIPATION. RESIDENTIAL AND INPATIENT SUBSTANCE USE
14 DISORDER TREATMENT SHALL NOT TAKE EFFECT UNTIL FEDERAL
15 APPROVAL HAS BEEN OBTAINED.

16 **SECTION 3.** In Colorado Revised Statutes, 27-80-107.5, **amend**
17 (4)(c) as follows:

18 **27-80-107.5. Increasing access to effective substance use**
19 **disorder services act - managed service organizations - substance use**
20 **disorder services - assessment - community action plan - allocations**
21 **- reporting requirements - evaluation.** (4) (c) It is the intent of the
22 general assembly that each designated managed service organization use
23 money allocated to it from the marijuana tax cash fund to cover
24 expenditures for substance use disorder services that are not otherwise
25 covered by public or private insurance. Except as provided in ~~paragraph~~
26 ~~(a) of this subsection~~ (4) SUBSECTION (4)(a) OF THIS SECTION, each
27 managed service organization may use its allocation from the marijuana
28 tax cash fund to implement its community action plan and increase access

1 to substance use disorder services for populations in need of such services
2 that are within its geographic region. IF AN ENHANCED RESIDENTIAL AND
3 INPATIENT SUBSTANCE USE DISORDER TREATMENT BENEFIT BECOMES
4 AVAILABLE UNDER THE COLORADO MEDICAL ASSISTANCE PROGRAM,
5 MANAGED SERVICE ORGANIZATIONS SHALL REPRIORITIZE THE USE OF
6 MONEY ALLOCATED FROM THE MARIJUANA TAX CASH FUND TO ASSIST IN
7 PROVIDING SUBSTANCE USE DISORDER TREATMENT, INCLUDING
8 RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER TREATMENT, TO
9 PERSONS WHO ARE NOT OTHERWISE COVERED BY PUBLIC OR PRIVATE
10 INSURANCE.

11 **SECTION 4. Safety clause.** The general assembly hereby finds,
12 determines, and declares that this act is necessary for the immediate
13 preservation of the public peace, health, and safety.

Second Regular Session
Seventy-first General Assembly
STATE OF COLORADO

BILL F

LLS NO. 18-0257.01 Brita Darling x2241

HOUSE BILL

HOUSE SPONSORSHIP

Kennedy and Singer, Pettersen

SENATE SPONSORSHIP

Lambert and Jahn, Aguilar, Tate

House Committees

Senate Committees

A BILL FOR AN ACT

101 CONCERNING PAYMENT ISSUES RELATED TO SUBSTANCE USE
102 DISORDERS.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov/>.)

Opioid and Other Substance Use Disorders Interim Study Committee. The bill requires all individual and group health benefit plans to provide coverage without prior authorization for a five-day supply of buprenorphine for a first request within a 12-month period.

Additionally, all individual and group health benefit plans that cover physical therapy, acupuncture, or chiropractic services shall not

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.

DRAFT *Dashes through the words indicate deletions from existing statute.*

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subject those services to dollar limits, deductibles, copayments, or coinsurance provisions that are less favorable than those applicable to primary care services under the plan if the covered person has a diagnosis of chronic pain and has or has had a substance use disorder diagnosis.

The bill prohibits carriers from taking adverse action against a provider or from providing financial incentives or disincentives to a provider based solely on a patient satisfaction survey relating to the patient's satisfaction with pain treatment.

The bill clarifies that an "urgent prior authorization request" to a carrier includes a request for authorization of medication-assisted treatment for substance use disorders.

The bill permits a pharmacist who has entered into a collaborative pharmacy practice agreement with one or more physicians to administer injectable medication-assisted treatment for substance use disorders and receive an enhanced dispensing fee for the administration.

The bill prohibits carriers from requiring a covered person to undergo step therapy using a prescription drug or drugs that include an opioid before covering a non-opioid prescription drug recommended by the covered person's provider.

The bill requires the Colorado medical assistance program to authorize reimbursement for a ready-to-use version of intranasal naloxone hydrochloride without prior authorization.

The bill prohibits the requirement that a recipient of medical assistance undergo a step-therapy protocol using a prescription drug containing an opioid prior to authorizing reimbursement for a non-opioid prescription drug recommended by the person's health care provider.

The bill permits a pharmacist who has entered into a collaborative pharmacy practice agreement with one or more physicians to administer injectable medication-assisted treatment for substance use disorders and receive an enhanced dispensing fee under the Colorado medical assistance program for the administration.

The bill requires the department of health care policy and financing and the office of behavioral health in the department of human services to establish rules that standardize utilization management authority timelines for the non-pharmaceutical components of medication-assisted treatment for substance use disorders.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** In Colorado Revised Statutes, 10-16-104, **amend**
3 (5.5)(a)(III); and **add** (23) as follows:

4 **10-16-104. Mandatory coverage provisions - definitions -**

1 **rules. (5.5) Behavioral, mental health, and substance use disorders**
2 **- rules. (a) (III) (A) EXCEPT AS PROVIDED IN SUBSECTION (5.5)(a)(III)(B)**
3 **OF THIS SECTION, any preauthorization or utilization review mechanism**
4 **used in the determination to provide the coverage required by this**
5 **paragraph (a) SUBSECTION (5.5)(a) must be the same as, or no more**
6 **restrictive than, that used in the determination to provide coverage for a**
7 **physical illness. The commissioner shall adopt rules as necessary to**
8 **implement and administer this subsection (5.5).**

9 (B) A HEALTH BENEFIT PLAN SUBJECT TO THIS SUBSECTION (5.5)
10 MUST PROVIDE COVERAGE WITHOUT PRIOR AUTHORIZATION FOR A
11 FIVE-DAY SUPPLY OF BUPRENORPHINE; EXCEPT THAT THIS REQUIREMENT
12 IS LIMITED TO A FIRST REQUEST FOR BUPRENORPHINE IN A TWELVE-MONTH
13 PERIOD.

14 (23) **Treatment for pain.** (a) ALL INDIVIDUAL AND GROUP
15 HEALTH BENEFIT PLANS THAT PROVIDE A BENEFIT FOR PHYSICAL THERAPY,
16 ACUPUNCTURE, OR CHIROPRACTIC CARE SHALL NOT SUBJECT THOSE
17 SERVICES TO DOLLAR LIMITS, DEDUCTIBLES, COPAYMENTS, OR
18 COINSURANCE PROVISIONS THAT ARE LESS FAVORABLE TO THE COVERED
19 PERSON THAN THE DOLLAR LIMITS, DEDUCTIBLES, COPAYMENTS, OR
20 COINSURANCE PROVISIONS THAT APPLY TO PRIMARY CARE SERVICES IF THE
21 PHYSICAL THERAPY, ACUPUNCTURE, OR CHIROPRACTIC CARE SERVICES
22 ARE AUTHORIZED FOR TREATMENT OF A COVERED PERSON WHO IS
23 DIAGNOSED WITH CHRONIC PAIN AND WHO HAS OR HAS HAD A SUBSTANCE
24 USE DISORDER DIAGNOSIS.

25 (b) THIS SUBSECTION (23) DOES NOT APPLY TO SUPPLEMENTAL
26 POLICIES COVERING A SPECIFIC DISEASE OR OTHER LIMITED BENEFIT.

27 **SECTION 2.** In Colorado Revised Statutes, 10-16-121, **add**
28 (1)(e) as follows:

1 **10-16-121. Required contract provisions in contracts between**
2 **carriers and providers - definitions.** (1) A contract between a carrier
3 and a provider or its representative concerning the delivery, provision,
4 payment, or offering of care or services covered by a managed care plan
5 must make provisions for the following requirements:

6 (e) THE CONTRACT MUST CONTAIN A PROVISION THAT STATES THE
7 CARRIER SHALL NOT TAKE AN ADVERSE ACTION AGAINST A PROVIDER OR
8 PROVIDE FINANCIAL INCENTIVES OR SUBJECT THE PROVIDER TO FINANCIAL
9 DISINCENTIVES BASED SOLELY ON A PATIENT SATISFACTION SURVEY OR
10 OTHER METHOD OF OBTAINING PATIENT FEEDBACK RELATING TO THE
11 PATIENT'S SATISFACTION WITH PAIN TREATMENT.

12 **SECTION 3.** In Colorado Revised Statutes, 10-16-124.5, **amend**
13 (8)(b) as follows:

14 **10-16-124.5. Prior authorization form - drug benefits - rules**
15 **of commissioner - definitions.** (8) As used in this section:

16 (b) "Urgent prior authorization request" means:

17 (I) A request for prior authorization of a drug benefit that, based
18 on the reasonable opinion of the prescribing provider with knowledge of
19 the covered person's medical condition, if determined in the time allowed
20 for nonurgent prior authorization requests, could:

21 ~~(H)~~ (A) Seriously jeopardize the life or health of the covered
22 person or the ability of the covered person to regain maximum function;
23 or

24 ~~(H)~~ (B) Subject the covered person to severe pain that cannot be
25 adequately managed without the drug benefit that is the subject of the
26 prior authorization request; OR

27 (II) A REQUEST FOR PRIOR AUTHORIZATION FOR
28 MEDICATION-ASSISTED TREATMENT FOR SUBSTANCE USE DISORDERS.

1 **SECTION 4.** In Colorado Revised Statutes, **add** 10-16-143.5 as
2 follows:

3 **10-16-143.5. Pharmacist reimbursement - substance use**
4 **disorder - injections.** IF A PHARMACIST HAS ENTERED INTO A
5 COLLABORATIVE PHARMACY PRACTICE AGREEMENT WITH ONE OR MORE
6 PHYSICIANS PURSUANT TO SECTION 12-42.5-602 TO ADMINISTER INJECTION
7 MEDICATION FOR MEDICATION-ASSISTED TREATMENT FOR SUBSTANCE USE
8 DISORDERS, THE PHARMACIST ADMINISTERING THE DRUG SHALL RECEIVE
9 AN ENHANCED DISPENSING FEE THAT ALIGNS WITH THE ADMINISTRATION
10 FEE PAID TO A PROVIDER IN A CLINICAL SETTING.

11 **SECTION 5.** In Colorado Revised Statutes, 10-16-145, **add** (5)
12 as follows:

13 **10-16-145. Step therapy - limitations - prohibition -**
14 **definitions.** (5) NOTWITHSTANDING SUBSECTION (2) OF THIS SECTION, A
15 CARRIER SHALL NOT REQUIRE A COVERED PERSON TO UNDERGO STEP
16 THERAPY WITH A PRESCRIPTION DRUG OR SEQUENCE OF PRESCRIPTION
17 DRUGS CONTAINING AN OPIOID BEFORE THE CARRIER PROVIDES COVERAGE
18 FOR A NON-OPIOID PRESCRIPTION DRUG RECOMMENDED BY THE COVERED
19 PERSON'S PROVIDER FOR THE COVERED PERSON'S TREATMENT.

20 **SECTION 6.** In Colorado Revised Statutes, 25.5-5-411, **amend**
21 (4)(b) as follows:

22 **25.5-5-411. Medicaid community mental health services -**
23 **legislative declaration - administration - rules.** (4) (b) (I) The state
24 department shall establish cost-effective, capitated rates for community
25 mental health services in a manner that includes cost containment
26 mechanisms. These cost containment mechanisms may include, but are
27 not limited to, restricting average per member per month utilization
28 growth, restricting unit cost growth, limiting allowable administrative

1 cost, establishing minimum medical loss ratios, or establishing other cost
2 containment mechanisms that the state department determines
3 appropriate.

4 (II) THE STATE DEPARTMENT AND THE OFFICE OF BEHAVIORAL
5 HEALTH IN THE DEPARTMENT OF HUMAN SERVICES, IN COLLABORATION
6 WITH COMMUNITY MENTAL HEALTH SERVICES PROVIDERS, SHALL
7 ESTABLISH RULES THAT STANDARDIZE UTILIZATION MANAGEMENT
8 AUTHORITY TIMELINES FOR THE NON-PHARMACEUTICAL COMPONENTS OF
9 MEDICATION-ASSISTED TREATMENT FOR SUBSTANCE USE DISORDERS.

10 **SECTION 7.** In Colorado Revised Statutes, **add** 25.5-5-509 as
11 follows:

12 **25.5-5-509. Substance use disorder - prescription drugs - step**
13 **therapy prohibited - definition.** (1) NOTWITHSTANDING ANY
14 PROVISIONS OF THIS PART 5 TO THE CONTRARY, FOR THE TREATMENT OF A
15 SUBSTANCE USE DISORDER, IN PROMULGATING RULES, AND SUBJECT TO
16 ANY NECESSARY FEDERAL AUTHORIZATION, THE STATE BOARD:

17 (a) SHALL AUTHORIZE REIMBURSEMENT FOR A FEDERAL DRUG
18 ADMINISTRATION-APPROVED READY-TO-USE INTRANASAL FORM OF
19 NALOXONE HYDROCHLORIDE WITHOUT PRIOR AUTHORIZATION; AND

20 (b) SHALL NOT REQUIRE A MEDICAL ASSISTANCE RECIPIENT TO
21 UNDERGO A STEP-THERAPY PROTOCOL USING A PRESCRIPTION DRUG OR
22 SEQUENCE OF PRESCRIPTION DRUGS CONTAINING AN OPIOID BEFORE
23 AUTHORIZING REIMBURSEMENT FOR A NON-OPIOID PRESCRIPTION DRUG
24 RECOMMENDED BY THE MEDICAL ASSISTANCE RECIPIENT'S HEALTH CARE
25 PROVIDER FOR THAT PERSON'S TREATMENT.

26 **SECTION 8.** In Colorado Revised Statutes, **add** 25.5-5-510 as
27 follows:

28 **25.5-5-510. Pharmacist reimbursement - substance use**

1 **disorder - injections.** IF A PHARMACIST HAS ENTERED INTO A
2 COLLABORATIVE PHARMACY PRACTICE AGREEMENT WITH ONE OR MORE
3 PHYSICIANS PURSUANT TO SECTION 12-42.5-602 TO ADMINISTER INJECTION
4 MEDICATION FOR MEDICATION-ASSISTED TREATMENT FOR SUBSTANCE USE
5 DISORDERS, THE PHARMACIST ADMINISTERING THE DRUG SHALL RECEIVE
6 AN ENHANCED DISPENSING FEE THAT ALIGNS WITH THE ADMINISTRATION
7 FEE PAID TO A PROVIDER IN A CLINICAL SETTING.

8 **SECTION 9. Act subject to petition - effective date.** This act
9 takes effect January 1, 2019; except that, if a referendum petition is filed
10 pursuant to section 1 (3) of article V of the state constitution against this
11 act or an item, section, or part of this act within the ninety-day period
12 after final adjournment of the general assembly, then the act, item,
13 section, or part will not take effect unless approved by the people at the
14 general election to be held in November 2018 and, in such case, will take
15 effect on January 1, 2019, or on the date of the official declaration of the
16 vote thereon by the governor, whichever is later.